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CONTENTS AND SUBJECT INDEX

EDITORIALS:

V. Proposals for a Compulsory Sickness Insurance Law for California (Continued) 243

C.M.A.'s 74th Annual Session.....244

EDITORIAL COMMENT:

Chemo-Prophylaxis of Influenza. W. H. Manwaring, Stanford University 245

President Goin's Salutation at 74th Annual Session 246

SCIENTIFIC AND GENERAL:

The Philosophical Background of Compulsory Health Insurance. Lowell S. Goin, Los Angeles.....247

Clinical-Pathological Conference. William Dock, New York, and Alvin G. Foord, Pasadena.....249

Epidemic Vomiting Sickness (Spencer's Disease). Captain A. G. Bower (MC), U.S.N.R., Portsmouth, Virginia 253

Intercostal Nerve Block. Major Paul C. Samson (MC), A.U.S., Piedmont, and Major Leo J. Fitzpatrick (MC), A.U.S., Atlantic City, New Jersey 254

Acroparesthesia. Lyle Shepard, Glendale 256

STATE ASSOCIATION ACTIVITIES:

California Medical Association Department.....258

Minutes C.M.A. Council (323rd Meeting, Held February 25, 1945).....258

Minutes C.M.A. Executive Committee (191st Meeting, Held April 8, 1945).....260

County Societies: Membership; In Memoriam.262

Committee on Scientific Work (Annual Session Program With Digests of Papers).....264

Index of Sickness Insurance Items (Chapter V—30 Items) 275

Items Concerning Proposed Sickness Insurance Legislation 275

Committee on Participation of the Medical Profession in the War Effort.....289

Committee on Postgraduate Activities.....291

Committee on Hospitals, Dispensaries and Clinics 292

Committee on Associated Societies and Technical Groups 293

C.M.A. Cancer Commission.....294

Committee on Health and Public Instruction.....295

MISCELLANY:

News 298

Press Clippings (Medical).....300

Medical Jurisprudence 302

Letters 302

Twenty-Five Years Ago.....304

Board of Medical Examiners of the State of California 304

California Medical Directories.....Adv. pages 2, 4

Books Received and Book Reviews.....Adv. page 7

ADVERTISEMENTS:

Index .....Adv. page 8

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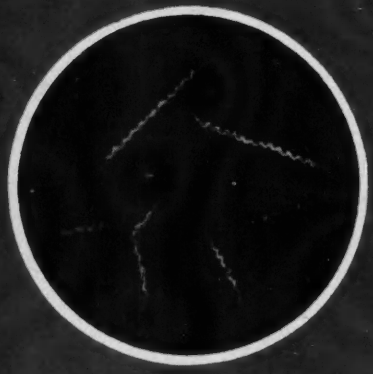
The *Effectiveness* of ANTISYPHILITIC THERAPY

depends

not on disappearance of spirochetes alone



nor merely

the reversal of positive Wassermann reaction

but on

whether the treatment is such that within the shortest possible time the patient receives maximum protection against relapse and the infection of others.

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EDITOR . . . . . GEORGE H. KRESS

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Roster of Editorial Board appears in this issue at beginning of California Medical Association department. (For page number of C.M.A. department, see index below.)

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F. Burton Jones	Vallejo	1947
R. H. Sundberg	San Diego	1948
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Leaflet Regarding Rules of Publication.—CALIFORNIA AND WESTERN MEDICINE has prepared a leaflet explaining its rules regarding publication. This leaflet gives suggestions on the preparation of manuscripts and of illustrations. It is suggested that contributors to this Journal write to its offices requesting a copy of this leaflet.

DEPARTMENT INDEX

(Itemized Index of Articles is printed on Front Cover)

Editorials	243
Editorial Comment	245
President Goin's Salutation at 74th Annual Session	246
Original Articles: Scientific and General	247
California Medical Association Department	258
Minutes: C.M.A. Council	258
Minutes: C.M.A. Executive Committee	260
County Societies: Membership; In Memoriam	262
Committee on Scientific Work (Annual Session Programs)	264
Index of Articles on Proposed Sickness Legislation	275
Items Concerning Proposed Sickness Insurance Legislation	276
Committee on War Effort Participation	289
Committee on Postgraduate Activities	291
Committee on Hospitals and Dispensaries	292
Committee on Associated Societies	293
C.M.A. Cancer Commission	294
Committee on Health and Public Instruction	295
Miscellany: News	298
Press Clippings (Medical)	300
Medical Jurisprudence	302
Letters	302
Twenty-Five Years Ago; State Examining Board	304

EDITORIALS

V. PROPOSALS FOR A COMPULSORY SICKNESS INSURANCE LAW FOR CALIFORNIA

(Continued)

Proponents of Compulsory Sickness Legislation Were Defeated in the Initial Battle.—The California Legislature may continue in session throughout the month of May, or may even carry on into June. Until the 56th Session adjourns, the enactment of some kind of compulsory sickness insurance law is always a possibility.

In the initial struggle at Sacramento, carried on largely before the Assembly Committee on Public Health, the proponents of the compulsory health bills were defeated; the Assembly Committee by a vote of 7 to 3, refusing to report out Governor Warren's bill (A.B. 800), or the C.I.O. bill (A.B. 449). A strenuous effort by the sponsors and spokesmen of the two bills to secure 41 of the 80 Assembly votes needed to withdraw the bills from the Committee, in order to secure a vote on the Assembly floor, was not successful, the State Administration and the C.I.O. forces alike going down in defeat. (Item XIX in the April issue of CALIFORNIA AND WESTERN MEDICINE, on page 197, and other items in the current number give additional information.)

While the battle concerning the controversy was on, the issue received much newspaper comment. It may be said that the members of the Assembly did not enjoy the hard pulling and tugging involved in the struggles over the compulsory sickness bills; particularly so, since Republican Assemblymen found themselves in the undesirable position of being obliged to oppose Republican Governor Warren, he having strenuously advocated compulsory sickness legislation as an important and immediate need of the people of California.

* * *

Proposal for an Interim Study Committee of the Legislature.—The discussions at Sacramento and elsewhere, led to the introduction by Legislators of bills that would authorize the appointment of an Interim Committee of the Legislature, the duty of which would be to make a study of sickness insurance needs of the State, and to report on the same with recommendations to the 57th Legislature, which will convene in regular session in January, 1947. It is possible that such a law may be enacted, if the proponents of A.B. 800 (Warren) and A.B. 449 (C.I.O.)

fail in their present attempts to bring out, for vote by the Assembly and State Senate, a compromise measure embodying elements of each of these two bills.

Up to the time of this writing, the enactment of a legislative bill to have the electorate vote on some form of referendum dealing with compulsory sickness does not seem imminent.

The advocates of the C.I.O. proposals assert, if they are unsuccessful in their efforts at Sacramento, they will promptly circularize petitions among the voters for an initiative compulsory sickness law. That threat cannot lightly be put aside.

* * *

The Task Before the Medical Profession.—From the foregoing, it is evident that the battle concerning compulsory sickness legislation is still joined. More than that, and not to be forgotten by members of the medical profession, is the fact that the agitation for sickness insurance legislation will continue to be carried on during the years ahead, until some kind of law designed to make adequate medical and hospitalization care available for all citizens—with special reference to the indigent, the medically-indigent, and the near medically-indigent groups—will have been enacted.

The task of the medical profession is to formulate provisions that will provide fullest possible medical care for all citizens, without lessening the quality or standards of medical service. Since the bills submitted by Governor Warren and the C.I.O. would make for greater inadequacies in medical care than exist at present, they are being and must continue to be opposed.

If an Interim Committee of the Legislature is appointed—and that seems possible—the medical profession must be in position not only to give irrefutable facts and reasons concerning the public health menaces involved in the Governor Warren and C.I.O. bills, but to submit an outline of procedures whereby adequate medical care would be made available to all citizens of the State, without destroying the best elements of medical practice as now carried on.

The battle is not over. There is much work ahead. The active thought and aid of every Doctor of Medicine is solicited and needed.*

Our principal task now is to extend tuberculosis control activities so as to reach the greatest number of workers and their families in the shortest possible time, making full use of all private and public resources. With energetic use and concerted action, the final eradication of tuberculosis from the United States is well within our grasp.—H. E. Hilleboe, M.D., and D. M. Gould, M.D., U.S.P.H.S., *Jour. A.M.A.*, May 27, 1944.

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* Items concerning Sacramento and other proceedings appear in this issue for the information of members, and for historical record. (See pages 276-289. Index of items, on page 275.)

The attention of members is also called to the illuminating address given by President Lowell S. Goin, "The Philosophical Background of Compulsory Health Insurance," which appears in the current issue, on page 247.

C.M.A.'S 74TH ANNUAL SESSION

C.M.A. Scientific Sections Held Successful Meetings.—This year's Annual Session of Sunday-Monday, May 6-7, held by the California Medical Association in Los Angeles is now of the past. In spite of the skeletonized program, the scientific and business meetings were carried through in excellent manner. The thirteen Scientific Sections, in co-sponsorship with the Los Angeles County Medical Association, held meetings at which good attendance was present. Addresses and papers to a total of one hundred were given. Many of these will appear in CALIFORNIA AND WESTERN MEDICINE during the coming year. Elsewhere in this issue is given the program, with names of speakers and digests of their papers.

* * *

House of Delegates.—The meetings of the House of Delegates were marked by the introduction of fewer resolutions than in previous years. The special session in January last, and the compulsory sickness legislation now pending before the California Legislature may explain in part why unity was so much in evidence in this May meeting at Los Angeles.

All delegates in attendance were seated. No controversial issue arose to require a re-allocation of voting units.

The directives of the Federal Office of Defense Transportation, requiring that the number of official delegates needing rail transportation be less than fifty, made it impossible for many members from the Northern section of the State to attend. It is to be hoped that next year the travel restrictions will have been lifted, so that C.M.A. members who have enjoyed the annual reunions may again have opportunity to meet colleagues and friends from other sections of the State, and participate in the scientific and other proceedings.

* * *

Retiring and Newly Elected Officers.—With the adjournment of the House of Delegates on Monday, May 7, the term of Doctor Lowell S. Goin as president of the California Medical Association came to a close. However, he was not relieved from responsibilities, since the Administrative Members of California Physicians' Service elected him a member of the Board of Trustees of that nonprofit, voluntary prepayment plan of medical care; and the Board when it organized, elected Doctor Goin as president of C.P.S.,—Doctor Ray Lyman Wilbur of Stanford having requested to be relieved of further duty as C.P.S. president. The House of Delegates and Administrative Members expressed their deep regard for the services so ably rendered during the last several years by Doctors Goin and Wilbur in their respective organizations.

President-Elect Philip K. Gilman of San Francisco, duly inducted into office as president of the California Medical Association for the coming year, was not set free of other duties, since the

C.M.A. Council insisted on reëlecting him to the position of chairman of that body, where he has so efficiently presided in the past.

The new President-Elect is Doctor Sam J. McClendon of San Diego, whose past services for organized medicine in his own district and for the State-at-large made him a worthy recipient of the honor that has come to him.

New members of the Council are Doctor Jay J. Crane, elected to represent the Second Councilor District (Los Angeles), and Doctor Walter S. Cherry of Rialto (San Bernardino County) who becomes a Councilor-at-large.

The Association voices its appreciation to all retiring officers for their loyal services, and expresses to newly elected officials, best wishes for successful administrations.

* * *

Minutes of the House of Delegates.—Most of the scientific meetings were held in the Elks Temple. The facilities of the headquarters of the Los Angeles County Medical Association were also made available for the House of Delegates. The minutes of the proceedings of the House will appear in the June issue of the OFFICIAL JOURNAL.

The House voted to hold next year's session in Los Angeles.

* * *

Resolution of the House Concerning Dues.—The responsibilities of members in civilian practice to colleagues in military service received careful consideration, as may be noted in the resolution fixing next year's C.M.A. dues at one hundred dollars. The resolution giving the reasons for the increase in State Association dues, which was also unanimously adopted by the House of Delegates, follows:

"With respect to the annual dues for next year, the Council in submitting its recommendation to the House, has been guided by the following circumstances:

"(a) Loss of revenues in the past three years, due to waiver of dues of members in the Armed Services, now numbering over 2,200.

"(b) Need for adequate funds to aid doctors returning from the Armed Services and, in general, to assist during the inevitable disruption of relocation from war- to peace-time practice.

"(c) Need for adequate funds for postgraduate studies, and refresher courses for doctors whose practices have been restricted, due to military service or work in war industrial areas.

"(d) Need for further funds to promote more widespread participation in voluntary medical and hospital prepayment plans; and

"(e) Necessity of reëstablishing the reserves of the Association, which are being constantly diminished by costly national and state public relations activities and increased cost of operation of all Association functions.

"In view of the foregoing, the Council unanimously recommends that the annual dues for 1946 be fixed at one hundred ($100.00) dollars per member."

EDITORIAL COMMENT†

CHEMO-PROPHYLAXIS OF INFLUENZA

Considerable theoretic interest is attached to the current demonstration by Wheeler and Nungester[1] of the University of Michigan that intraperitoneal administration of atropine sulfate has a marked prophylactic effect on experimental influenza infection in mice. The PR-8 strain of influenza A virus was used in these experiments. The mice were inoculated under light ether anesthesia by intranasal instillation of 0.05 cc. of a 1:100,000 dilution of a suspension of infected mouse lungs, the inoculum containing approximately 1 m.l.d. of influenza virus. Mice were given 0.1 cc. of a 1 per cent solution of atropine sulfate intraperitoneally from 15 minutes to 12 hours before inoculation. This represents about one-sixth the toxic dose for mice, or the equivalent of about 30 times the therapeutic dose for man. In control groups without atropine the death rate averaged about 51 per cent. Among the 120 mice given atropine from 15 minutes to 3 hours before inoculation the average death rate was but 22 per cent. With those given atropine from 6 to 12 hours before inoculation, no reduction in death rate was noted. Atropine was also without therapeutic effect if given from 5 to 20 minutes after inoculation. As a possible explanation of the ability of atropine to increase resistance to influenza virus, Wheeler assumed that aspiration of mucous secretions, present in excess following ether anesthesia, aids in the establishment of the virus infection. Inhibition of this excessive secretion would therefore lessen the severity of the virus infection. This finding is in accord with his previous demonstrations of the increased virulence of virus suspensions by the addition of gastric nusin.[2] The finding is of suggestive clinical interest as throwing new light on the probable mechanism of air-borne influenza infection.

P.O. Box 51.

W. H. MANWARING,
Stanford University.

REFERENCES

1 Wheeler, A. H., and Nungester, W. J., Science, 100:523 (Dec. 8), 1944.

2. Wheeler, A. H., and Nungester, W. J., Science, 96:92, 1942.

It is the depth at which we live, and not at all the surface extension that imports.

—Emerson, *Society and Solitude: Works and Days.*

I wish to preach, not the doctrine of ignoble ease, but the doctrine of the strenuous life.

—Theodore Roosevelt, *Speech*, Hamilton Club, Chicago, April 10, 1899.

† This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

LOWELL S. GOIN
President, California Medical Association
1945

SALUTATION FROM PRESIDENT GOIN

To Members of the California Medical Association—

Greetings:

The 74th annual session of the California Medical Association finds its members once more engaged in an attempt to prevent the socialization of their profession. It is a matter of great pride to observe them standing shoulder to shoulder, with only the most trifling defections from their ranks, sturdily defending the profession of medicine and the health of the people of California.

The House of Delegates has indicated a course which the California Medical Association should steer and the officers of the Association are pursuing that course with vigor. Your officers thank every man for his support and solicit its continuance.

Fraternally yours,
LOWELL S. GOIN, M.D., *President.*

ORIGINAL ARTICLES

Scientific and General

THE PHILOSOPHICAL BACKGROUND OF COMPULSORY HEALTH INSURANCE*

LOWELL S. GOIN, M. D.
Los Angeles

THE Constitution of the California Medical Association enjoins upon the president the duty and the privilege of the delivery of an address at the annual meeting of the Association; a task that is a duty because our law imposes it, and a privilege because it gives to one about to make his final official appearance the opportunity of communicating to his fellows any thoughts which he may hold to be significant.

It had been my intention, earlier, to review some of the great accomplishments of Medicine; to deliver a panegyric upon its glories—an encomium upon its achievements. But, as you all know, only a few months ago the specter of Compulsory Health Insurance again appeared and, as we gathered our forces to resist it, some of the ominous portents—the sinister implications of this socialistic proposal became so apparent that I deem it my serious duty to call them to your attention.

Whenever the American people have been presented with the collected Marxian doctrines called Socialism, they have rejected them emphatically, and the Socialist party has never been a serious contender in the political scene. But the social-economic planner has made an interesting discovery: that if the individual doctrines are wrapped separately, and neatly and attractively labeled "social progress," the same electorate which rejected the group may sometimes be persuaded to accept the single article. It is thus that the socialization of the Republic is taking place, and I intend to show you the present scope of the process, and the important part played, or to be played, by Compulsory Health Insurance.

PROPOSALS OF PLANNERS

The planner, about whom I shall have something to say later, professes to believe that there is an urgent need for the enactment of a law establishing a system of compulsory health insurance; that the urgency is shown by the present state of health of the people, and that the public health would be greatly improved if the people were allowed to enjoy the benefits planned for them by the far-seeing altruists who are the proponents of such legislation. I should like now to attempt the refutation of these arguments and, if I am successful in refuting them, examine the motivations which remain after the more obviously apparent motives have disappeared. Whether the true motives are actually those alleged is, I believe, a matter of considerable moment to us, and of greater importance to us as citizens—as Americans—than as members of the profession of Medicine. I say this because, if compulsory health insurance were enacted into law, and if it did have the beneficent effects its proponents profess to believe it would have, then we physicians, as members of a profession which has always striven to prevent disease, to prolong life, and to alleviate pain and suffering, would rejoice. If such legislation failed of its objectives; if, as seems almost certainly the case, the health of the people were harmed rather than helped, then we could, under one condition, change the law and restore the system of free enterprise which has so well cared for the health of our people. I say, under one condition; namely, that we remain free men. But Socailism does not intend that we shall remain free. As long ago as 1845 DeTocqueville saw this and said that democracy extends the sphere of individual freedom, while socialism restricts it. Democracy, he said, attaches all possible value to a man; socialism makes him an agent —a mere member. I do not mean to argue that the enactment of compulsory health insurance will, in itself, cause us to lose our freedom, but that it is, as I hope to show you, an integral part of a social philosophy which looks to the submerging of personal freedom in the all-powerful state. Remember too, that all history shows us that a sociological error once enacted into law is not repealed, but is rather compounded by amendments, new rules, directives and decrees.

It is very fashionable at the moment to maintain that the health of the American people is in a deplorable state and one would think, to listen to the professional do-gooder, that people were dying like flies of untended illness and that merely to look at people in the street would make one shudder. It is argued that the cause for this terrifying condition is the interposition of a financial barrier between the sick person and the doctor, and that all that is needed to greatly elevate the standard of health in the United States is the removal of that barrier. The most popular argument at the moment is that which the planners like to call "the five million 4F's"; that the rejection by the Armed Services of this enormous number of young men presumably in the prime of life reflects the deplorable state of our public health as nothing else has been able to do.

MEDICAL NEGLECT EXAGGERATED

I may remark in passing that it is strange that neither my medical friends nor myself ever come in contact with the cases of medical neglect which are so frequent in the literature of the proponents of compulsory health insurance. In San Francisco, compulsory health insurance is actually in existence, having been established some years ago by city ordinance for all municipal employees. It is interesting to note that these persons are cared for by the same physicians who serve private patients and that in spite of the fact that no financial barrier between the municipal employees and the physicians exists, the incidence of ruptured appendices is materially higher among them than among the private patients of the same physicians.

SELECTIVE SERVICE STATISTICS

Since the five million 4F's are so frequently invoked, and since it is at first glance so shocking a figure, let us examine it in some detail. One difficulty with the argument is that intellectually it is not very honest. In Senator Pepper's interim report the figure is announced on page one not as five million, but as four-and-one-half million but on page three of the same report the graph discloses the true figure to be 4,217,000. An error of 13½ per cent can scarcely be considered insignificant. Of the total number rejected 444,800 were rejected as manifestly disqualified, that is to say the totally blind, the totally deaf, the deaf-mutes, the legless, the armless and so forth. It seems perfectly obvious that no program of medical care could have influenced this figure. 701,700 were rejected for mental disease. Again I don't know of a program of medical care which would have prevented mental disease in these unfortunate people. 582,100 were rejected for mental deficiency, that is to say that they

* Address of the President, California Medical Association, given before the First General Meeting at the Seventy-fourth Annual Session of the California Medical Association, Los Angeles, May 6-7, 1945.

were the imbeciles, the idiots and the morons. The most casual knowledge of eugenics would persuade anyone that this group does not constitute a medical problem, and these three groups together reach the large total of 1,727,600. When these have been excluded there remain 2,426,500 or somewhat less than half of the originally claimed five million. Of this group 320,000 were rejected for muscular-skeletal defects, that is to say the clubfoot, the paralytic, the withered arm, the congenitally dislocated hip and so forth. Again I wonder what program of medical care might have made this group fit for military service. 280,000 were rejected for syphilis. The statute books are already loaded with laws regarding syphilis. There is probably not a community in the United States in which a person afflicted with this disease cannot secure treatment from the Department of Public Health. How, then, would compulsory health insurance have eliminated this group? 220,000 were rejected for hernia. Hernia is a congenital defect and if a person is born with a defective inguinal or femoral canal he is likely to have a hernia and medical care has nothing whatever to do with the occurrence of hernia. 160,000 were rejected for "eyes." Since eyes would seem to be useful adjuncts to men who were to be soldiers or sailors I presume that this means defective vision. If one is born with an eyeball too long or too short or one which is not a globe one will either wear glasses or not see very well and medical care has nothing whatever to do with it. Thus about one million more have been eliminated and the number of rejections on a basis of lack of medical care is about 1,500,000. Whether any program of medical care would have materially reduced this number is problematical. If the proponents wish to rest their case upon the need shown here (and they have made a great deal of it), I am content.

EXPERIENCE OF EUROPEAN SYSTEMS

Even if one admitted the need of a health insurance program it would be well to know in advance whether it would actually achieve the objects for which it is intended. Since compulsory health insurance plans have been in effect in various parts of the world for considerable periods of time it should be possible to discover the effect that such plans have upon public health by examination of the morbidity and mortality tables of such countries as enjoy the benefits of compulsory health insurance. Germany and England are countries which may reasonably be compared to our own being as they are, highly industrialized nations with large populations. Compulsory health insurance has been in existence in Germany for nearly sixty years and in England for nearly thirty-five years. Since so much has been made of the rejections for the Armed Services it will be interesting to compare these rejections with those in England. About 38 per cent of those called for induction in the United States were rejected for physical reasons. In England, although the standards for the armed forces are not as high as those maintained in the United States the rate of rejection was 50 per cent and this after England has "enjoyed" the benefits of compulsory health insurance for more than a third of a century.

Diphtheria is a disease about which we know a great deal, including how to prevent it and how to cure it. There are no secrets involved and the German and English physicians know fully as much about the disease as do those in America. Because of these facts, diphtheria constitutes an excellent index for judging the beneficent effects of compulsory health insurance upon the public health. In the last year in which comparable figures were available the death rate for diphtheria in Germany was 11.6 per 100,000 population. The same year in England the death rate for diphtheria was 11.7 per 100,000. But in the United States, without the benefits of compulsory health insurance, the highest death rate reported was 6.0 per 100,000 and in most of our cities it was 4.0. In this instance, at least, the alleged benefits of compulsory health insurance seem to have failed to manifest themselves.

The morbidity tables reflect the tendency of people to get sick. In the United States the rate of sickness is about 20 per cent; that is to say about one out of five people get sick each year. In pre-war Germany the population was almost evenly divided between those who were covered by the insurance program and those who were not. Among the un-insured the expectancy of sickness was identical with that in this country, that is, 20 per cent. But among the insured it was 200 per cent. Apparently the expenditure of the vast amounts of money involved succeeded only in increasing the rate of sickness about ten times. Of course this figure is largely due to malingering for the purpose of collecting the small cash benefits that are received by a sick person and that this is true is shown by the fact that when German money became almost worthless in 1923 the days of sickness as measured by inability to work fell off one-hundred-million. In 1928 a financial stringency made it necessary to impose upon the insured person a charge of twelve cents for the initial visit of the doctor and again the days of sickness fell off one-hundred-million for that year. This sort of thing must be counted among the benefits of compulsory health insurance.

"THE WAY OF HEALTH INSURANCE"

Dr. Nathan Sinai is one of the ablest proponents of compulsory health insurance, and the author of a book called, "The Way of Health Insurance." Remembering that he urges the people of California to avail themselves of the benefits of this socialistic legislation, listen to what he says about the effect of its enactment upon the people's health: "Contrary to all predictions, the most startling fact about the vital statisics of *insurance countries* is the steady and fairly rapid rate of increase in the number of days the average person is sick annually and the continuously increasing duration of such sickness.

"Various studies in the United States" (and I am still quoting) "seem to show that the average recorded sickness per individual is from 7 to 9 days per year. *It is nearly twice* that amount among the insured population of Great Britain and Germany, and has practically doubled in both countries since the installation *of insurance.*" And he adds that it "seems to be a safe conclusion that insurance has certainly not reduced the amount of sickness."

ON THE "DOMESTICATION OF INDIVIDUALISM"

But if the urgency of the need for compulsory health insurance is so poorly established, and if its alleged benefits turn out to be an increase in the amount of sickness, how is it that apparently sincere and intelligent people continue to agitate for its adoption? It is the answer to this question that contains the sinister implications to which earlier reference was made. Compulsory health insurance is a well integrated part of that revolutionary doctrine called "the domestication of individualism"—the taming of the individual—a doctrine which is defined as anything which makes the citizen more subservient to the State. Probably all too few Americans are aware that revolution is now a department of knowledge; that it has its philosophy, its text books, its literature and its intellectuals who are trained in it. Its professors have set down the technique to be employed, and I have just mentioned the rôle of compulsory health insurance.

Among other things to be accomplished (and it is alarming to notice how many of them *have* been accomplished) are the creation of racial hatred, the creation of class consciousness, the debasing of the national currency, the securing of physical control of the gold, and the neutralization of rival authorities, e.g., the courts. Think where the gold is; think of the current value of your dollar; think of the more than two hundred boards whose authority has superseded that of the courts, and notice how well the parts fall together. We are being charmed by beautiful words; by such words as "security," "planning," "freedom from want and fear," and our senses become so dulled that we fail to observe the subtle shifts of meaning that have occurred.

ON MISUSE OF CERTAIN WORDS

"Insurance" is a word which in our common usage stands for thrift, foresight, prudence and regard and affection for one's dependents. These current proposals have nothing to do with insurance by which is meant the pooling of funds accumulated on an actuarial basis to be used as indemnity for predictable catastrophes. A single glance at the problem will persuade anyone that no actuarial basis exists for the collection of funds for compulsory health insurance and that no one, in fact, has the slightest notion of the cost of such plans, but nevertheless, the word "insurance" remains a favorable symbol. "Health" is a word which ranks very high, representing something prized by all and for the maintenance of which no price is too great. But these proposals have but little to do with health, and in fact, even the word "compulsory" is misused since there is nothing in the proposed legislation which compels anyone to seek medical care or which compels anyone to give medical care and the correct name for such legislation is compulsory tax increase. Nevertheless, these words put together represent a favorable symbol since they appear to deal with a matter so vital as health on a principle so sound as insurance. "Planning" is a word which favorably influences us, since "to plan" means to arrange your resources, materials, and operations so as to secure the best possible result. But suddenly the word no longer has that meaning; it means the central direction of all economic activity according to a single plan, laying down how the resources of society should be consciously directed; in short, it means the socialization of American life.

MENACE OF COMPULSORY HEALTH INSURANCE TO OUR COUNTRY

In 1936, Senator J. Hamilton Lewis addressed the House of Delegates of the American Medical Association at its own request. I do not know the reason that the address was made but I was so shocked at his words that I can still repeat them verbatim. He said, "we are compelled to tell you that we do not recognize such a thing as physician and patient. We do recognize an entity called the citizen—a creature of the State." Note the natural superiority of an American statesman. Hitler wrote a large dull book to set forth the theories so neatly stated in these two sentences; a theory which completely reverses the entire practice of American government. It has always been American belief that the State was the creature of the citizen. Social planning proposes that the citizen will become the creature of the State. Such a state would bind us with the golden chains of security holding before us the glittering promises of freedom from want and freedom from fear. A wild bird well tended in a cage has freedom from want and freedom from fear but it does not have freedom.

The relationship of compulsory health insurance to this directed and subtle process of the tearing down of the American republic and the erection of a socialistic state seems to me to be obvious. Because it *is* subtle, it is not too easy to see. But as Abraham Lincoln said, "when we see a lot of framed timbers, different portions of which we know have been gotten out at different times and places, and by different workmen; and when we see those timbers joined together, and see that they exactly make the frame of a house, all the tenons and mortises exactly fitting, and all the pieces exactly adapted to their respective places, and not a piece too few or too many, we find it impossible not to believe that all understood one another from the beginning and all worked upon a common plan drawn up before the first blow was struck."

Thus it is with compulsory health insurance. It is too well integrated with the general plan, it falls too neatly into place, it fits too aptly into the domestication of individualism for all this to be coincidental. It was not by chance that Senator Lewis made his remarks in Atlantic City. If the whole picture seems incredible, remember the words of David Hume—"It is seldom that liberty of any kind is lost all at once." But to lose it gradually will not make our loss more bearable. The rejection of compulsory health insurance is an essential part of the preservation of our freedom, but it is only part. We must point out to our people again and again that security, so-called, it not the highest aim of life—that it can be purchased, but that the price is freedom, and that as Benjamin Franklin said—"a people which would exchange its liberty for a fancied and transient security deserve neither liberty nor security."

1930 Wilshire Boulevard.

CLINICAL-PATHOLOGICAL CONFERENCE*

WILLIAM DOCK, M. D.
Los Angeles
AND
ALVIN G. FOORD, M. D.
Pasadena

CHAIRMAN Mast Wolfson: The Clinical-Pathological Conference will start immediately. We will pass the case history slips. Dr. William Dock and Dr. Alvin Foord will then make their comments.

CASE 1.—J. L. H., male, age 44. Executive of defense plant. Patient admitted to Huntington Memorial Hospital.

Was first seen by his attending physician on March 2, 1943, for the complaint of a sense of pressure in his chest, bouts of epigastric distress and attacks of fever accompanied by frontal headache.

The sense of oppression in his chest was not a pain, and the patient felt that if he could give a hard cough that he would get relief. This symptom had been present for only a few weeks.

The epigastric distress was irregular in its occurrence but had been present for many years. Five years previously an internist had studied him clinically and by x-ray and had ruled out at that time an ulcer. In March, 1939, he had had an appendectomy for acute phlegmonous appendicitis. The epigastric distress was prone to come two or three hours after meals or about midnight, particularly at times when he was working under great stress. Accompanying his distress was a sensation of fullness high in the epigastrium and frequent eructation of a bitter-tasting fluid. There had been no vomiting,

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* This is the edited electric recorder transcript of the discussion of three case reports presented at the clinical-pathological conference held at the third general meeting of the Section on General Medicine of the California Medical Association, Los Angeles, May 8, 1944.

In this Clinical-Pathological Conference three cases were considered. Dr. William Dock, Professor of Medicine, School of Medicine, University of Southern California conducted the Conference.

Dr. Alvin G. Foord, Associate Professor of Pathology, School of Medicine, University of Southern California, discussed the pathological findings.

diarrhea or bleeding associated with these episodes. He had an aversion to certain foods. The attacks were promptly relieved by soda or aluminum preparations.

The bouts of fever had been noted intermittently for the past three years and showed no rhythm of interval between attacks. Sometimes several weeks would intervene, and at other times only a few days. He would notice that the attacks would come on chiefly when he was unusually tired and with them would have premonition manifested by frontal headache. The fever following this would last, as a rule, only a few hours and was usually relieved by taking one or two aspirin tablets, together with some alkali. Following a good night's rest he would feel well and would go back to work. He was a heavy smoker and drank alcohol only occasionally. He occasionally took Seconal for sleep, and had drunk large amounts of raw milk for a long time.

Physical Examination: Revealed a wiry, muscular individual who had lost only 10 lbs. in the last three years. He was quite tense and nervous. The only positive findings were a systolic murmur heard over the precordial area including the mitral and aortic areas, and a spleen which was palpable on deep inspiration. His skin and sclerae were clear and showed no evidence of anemia. His electrocardiogram showed a left axis deviation. Hgb. 80. Red count 4,680,000, white 8,800. Sedimentation rate 11,32,48, 72 mm. (Westergren). Kline test and urinalysis were negative. Blood pressure 130/70. He was advised to arrange his affairs for a diagnostic study in the hospital, which he did, and on April 13, 1943, he was admitted to the hospital.

History and Physical Findings: On admission were the same as above. His temperature was normal for three days and on his fourth day he had one of his attacks of fever with temperature reading 102.5. Two days later the temperature was normal. The patient stated that this was typical of many of his attacks which he had had previous to entry. A mild, generalized aching accompanied the fever, but there was no localization of symptoms. There were no added positive findings and the palpable spleen and a slightly enlarged, nontender liver were demonstrated. The precordial systolic murmur was still heard and described by the interne as being heard best in the aortic area. The heart was of normal size. There were no enlarged lymph nodes.

A blood count taken before the onset of his temperature rise showed 14.7 grams, 87 per cent hemoglobin (Newcomer), red cells 5,030,000, leukocytes 9,300, of which 24 were stabs, 19 segmented, 11 monocytes, 39 lymphocytes, eosinophiles 6, and basophiles 1. The red cells were normal in appearance. The day after the onset of the fever his white count was 6,300; there were 30 stabs, 19 segmented, 9 monos, 41 lymphs and 1 eosinophile. No relapsing fever spirochetes were demonstrated. An agglutination test for Brucella abortus was negative. His nonprotein nitrogen, uric acid, creatinine, sugar, chlorides, and CO_2 combining power were all normal. Gastric juice, obtained in fractional samples after alcohol test meal, showed a large amount of mucus. The total highest free acid was 10 and the highest total acid 32. Urinalysis was negative. Gastrointestinal x-rays were negative except for some spasticity in the sigmoid. A gallbladder dye series was negative. A stereo of his chest was negative. B.M.R. was —27. Skin test with coccidioidin and Brucella antigen were both negative. Blood culture taken on May 3rd was negative after 30 days incubation.

Subsequent History: Patient left the hospital after six days study and did fairly well on a program of increased rest, but had three attacks of fever previous to being seen by a consultant on May 22. The possibility of a Pel-Ebstein fever in abdominal Hodgkin's disease was entertained, and x-ray treatment was given over the spleen. The patient stated that this gave him marked relief, and that it got him on his feet and made him feel much better after an attack of fever. In July a small lymph node was found in the left groin, which was radiated and disappeared. No other nodes were at any time enlarged. The patient had lost 10 lbs. in weight. The spleen was easily palpable just below the ribs and the patient did not look as well as previously. However, he continued his heavy duties in his defense plant.

On August 15th, a blood count showed Hgb. of 74 per cent, red cells 3,900,000, whites 5,530. Polys 49, of which 3 were juveniles, 17 stabs, 28 segmented, 40 lymphocytes, 8 monocytes, 2 eosinophiles and 2 basophiles. Urinalysis was normal. In September he had several bouts of fever, in between which his temperature was normal. In October he was still losing weight. X-ray of his chest revealed no enlarged lymph nodes.

He was seen by a clinic in a neighboring city, and the physical and laboratory findings including negative blood culture, were corroborated. While at the clinic he developed bronchopneumonia which responded promptly to sulfadiazine. Following this rales developed at both bases, and breathlessness occurred for which digitalis was administered. At this time the systolic murmur above described was heard and during the decompensation at one time a diastolic murmur was found. The systolic murmur did not change in quality.

On November 13th, he was seen at the Hospital as an outpatient, at which time he appeared much paler than previously, and weaker than whenever previously examined. The hemoglobin at this time was 64.5 per cent, red cells 3,990,000, white cells 5,000. Stabs 37, segmented 17, lymphocytes 32, eosinophiles 3 and monocytes 11. He was given a transfusion, and after 250 cc. had been given, he complained of extreme breathlessness and restlessness, followed by orthopnea and gurgling rales in the chest, and death resulted in a few minutes, on November 13, 1943.

* * *

COMMENTS BY WILLIAM DOCK, M.D.—ON CASE I

CASE 1.—The presenting symptoms are compatible with many systemic illnesses, such as leukemia, and do not necessarily give a clue to localization. Neither the thoracic nor the epigastric distress can be regarded as other than results of illness leading to indigestion.

Bouts of fever, coming when exhausted, have occurred for three years. These might be due to brucellosis, chronic biliary tract disease, or tuberculosis. The fact that this hard-driven man lost so little weight and has no anorexia is surprising, and suggests that this is not tuberculosis or Hodgkin's disease. The murmur over a large area may be due to a valve lesion; one would like to know how loud and harsh it was. The palpable spleen would fit in with bacterial endocarditis, Hodgkin's, or cirrhosis of the liver, but the bouts of fever over three years can scarcely have been due to the first two of these. Later the murmur is localized in the aortic area, and the liver also is palpable—the latter is rare in bacterial endocarditis, and functional aortic murmurs are also rare, but with no thrill, and a normal pulse pressure true aortic stenosis is not likely. The single fever spike, absence of anemia and of red cells in the urine are against endocarditis or periarteritis, while the leucopenia suggests cirrhosis. In the nonalcoholic cirrhoses, bouts of fever are not so rare.

The improvement on x-ray, and the node, which was not biopsied, do not impress me. This sounds more like hepatitis or cirrhosis than tumor or Hodgkin's. The leucopenia is becoming more pronounced, the spleen larger.

The occurrence of pneumonia and of heart failure brings new possibilities to mind, but the apparent recovery from both is remarkably rapid and both diagnoses may have been erroneous. One would like to know about the heart size and the x-rays of the lungs before accepting such diagnoses. Transient diastolic murmurs usually are third sounds or gallops, except in hypertensive crises when aortic insufficiency may occur. Anemia and leucopenia are more marked, the heart apparently still normal in size when he returned for the transfusion, during which he died. This death can scarcely be ascribed to acute heart failure, and an allergic reaction seems most likely.

With no albumin globulin ratios, no liver function tests, the diagnosis of chronic nonalcoholic cirrhosis has no final proof or disproof. Hodgkin's disease remains a possibility. While negative blood cultures do not rule out endocarditis, nothing but the possible presence of an organic valve lesion speaks for such a diagnosis—the long duration of illness, with only rare spikes of fever and no nephritis are very much against it.

Final Diagnosis: Cirrhosis of liver, perhaps with eosinophilia in liver and spleen. Death not due to the primary lesion.

COMMENTS BY A. G. FOORD, M.D.—ON CASE I

Case 1.—Anatomical Diagnosis—Pertinent Findings:

Subacute streptococcal bacterial endocarditis of aortic valve with perforation of valve leaflet and perforation in root of aorta, forming pocket at root of aorta.

Healed, partially calcified rheumatic aortic endocarditis, with mild stenosis.

Hypertrophy and dilatation of heart, weight 450 grams.

Acute splenic tumor, weight 750 grams.

Marked edema of lungs.

Bilateral hydrothorax, 500 cc.

Focal acute interstitial myocarditis.

Generalized passive congestion with central anoxic necrosis in liver.

The principal finding was the presence of irregular, firm, nodular, dull gray vegetations averaging 6 to 7 mm. in height on all of the fibrosed, partially-calcified leaflets of the aortic valve. Perforation through the root of the aorta at the point of attachment of the valve was present, and a pocket 3 cm. across in the soft tissues was present which was lined by dull brown fibrin. The other leaflets were free from evidence of old rheumatic disease or bacterial infection. Areas of acute interstitial myocarditis, in which there were moderate numbers of polymorphs, round cells and macrophages present in both ventricles. Considerable edema and some exudation of fibrin were present in these areas.

The liver weighed 2,400 grams, extended three finger breadths below the ribs and was moderately firm because of diffuse congestion. Microscopically, there was marked engorgement of the centers of the lobules with blood and atrophy, and in places partial necrosis of the central cells, which was interpreted as being evidence of a failing myocardium. No increase in connective tissue was found.

The spleen, which was fully five times normal weight, showed the usual findings of a splenomegaly due to sepsis. There was no evidence of any Hodgkin's disease nor was there any noteworthy enlargement of any of the lymph nodes.

Because of death during the transfusion, the donor's and recipient's bloods were retyped and the cross matching was repeated, and there was found no evidence of any incompatability. Fresh blood taken from the corpse showed no clumping of the red cells, and in the sections of the organs no red cell clumping was noted in the blood vessels.

Of interest to me is the entire lack of petechiae, the intermittency of the fever and, also, the lack of embolic phenomena in the organs at autopsy.

* * *

CASE 2.—E. D., male, age 59. Entered Huntington Memorial Hospital, 3-11-43, with complaint of abdominal cramps, inability to move bowels, and fever.

The abdominal cramps began early on the morning of 3-9-43, and were associated with nausea with some vomiting. On the evening of the first day of his illness he also complained of fever and chills. On admission he had a temperature of 100.2, pulse 92, respiration 22, and blood pressure 124/70. Before the onset of the present illness the patient had had no attacks similar to the present one. However, in 1935, he passed for a short period of time tarry stools, for which he was x-rayed, but no source of bleeding could be found. At that time he drank alcohol in excess at periodic intervals, but between these bouts abstained from liquor. For the last several years he had been suffering from hemorrhoids which occasionally bled.

Physical Examination: Patient appeared acutely ill, moderately pale but not icteric. Head and neck were negative. The heart was of normal size, its rhythm normal and showed no murmurs or thrills. The abdomen was soft, slightly obese and there were no masses palpable, and no rigidity or spasm or areas of tenderness demonstrated. A flat plate of the abdomen showed a little more than the average amount of gas in the colon, but its distribution did not suggest obstruction. Two very short loops of gas-filled small intestine could be seen, but they were not sufficient to warrant the diagnosis of small gut obstruction. A barium enema was given and x-ray showed no pathologic changes in the large intestine.

On admission, *blood count* showed 8.1 grams or 48 per cent hemoglobin (Newcomer); 3,610,000 reds, 18,100 white cells; neutrophiles 88 (stabs 21, segmented 67), monocytes 5, lymphocytes 7. The average diameter of the red cells was slightly less than normal, and all the red cells showed a slight to moderate hypochromia. An exaggerated rouleaux formation was noted. The admission *urine* and several others taken later were essentially negative.

He was given 1 oz. of castor oil the day of admission and passed liquid stools as a result. At no time after this was there evidence of obstipation.

Course.—From the time of his admission until death the patient ran a constant fever, averaging 101 to 102.5, with an occasional rise to 103 or 4, with occasional chills. He was examined by several consultants and at no time was there evidence of any noteworthy changes in the heart, and in the first weeks of his illness the lungs were clear except for a few rhonchi in both lung bases, and two weeks after entrance one examiner found dullness at the right base with coarse rales at the hilar area and throughout the base, without tubular breathing. A few rales were found on inspiration at the left base. The rales were not removed by cough. At this time also there was moderate tenderness in the right upper quadrant, and the edge of the liver was felt 2" below the costal margin. The rest of the abdomen was negative. A large, soft, protruding hemorrhoid was found. There was no enlargement of the lymph nodes, no skin changes and no edema for icterus.

Treatment.—He was treated with intravenous glucose and transfused five times during his illness, the first time 13 days after entrance. Stupes were applied to the abdomen and from March 19 sulfadiazine was used in appropriate doses, but there was no effect on the temperature which continued to average around 101 to 102 with daily fluctuations of about 2°. On March 29th an exploratory laparotomy was done in the belief that the condition might be of gallbladder origin or liver abscess. The stomach, duodenum and lesser peritoneam, pancreas, gallbladder and liver were explored through a right Singleton incision. No abdominal abscess or focus of infection could be found. The liver was moderately enlarged, its surface was smooth, and no area of softening could be felt. No attempt at puncture of the liver was made and no biopsy was taken.

Subsequent Course.—Numerous *blood counts* during his course at the hospital showed a luekocytosis varying from 18,000 to 11,000, and there was always high polymorphonuclear count, from 80 to 90, with a marked shift to the left, some stab counts being as high as 33. The *urine* was at all times free from abnormal findings. Several unformed *stools* revealed a trace of occult blood and slight increase in fatty acid, but no increase in pus cells or parasites. Several *blood cultures* were made. The only one found positive was taken on March 25th and showed 11 colonies of green streptococci per cc. of blood. Several others taken after this were negative. Chemistry showed an icteric index of 7 on March 25th; calcium was 8.6; and plasma amylase was within normal limits—128 mg. Agglutination tests with Brucella abortus antigen, and Wassermann and Kahn tests were negative. On March 15th the blood albumin was 3.7 gms., globulin 2.1 gms. and N.P.N. 22 mg. On April 25th he developed tenderness along the course of the right saphenous vein and a moderate swelling of the right lower extremity occurred, which persisted until death, which occurred on May 17th.

On April 22nd he suffered from pain in his right lower chest, made worse by breathing, and a pleural rub was heard. Dullness and diminished breath sounds were present in the right base. The area of dullness increased in size and on May 3rd 2,000 cc. of blood-tinged serous fluid were removed from the right pleural cavity. This showed scanty sediment in which 80 per cent of the cells were polymorphonuclears. No bacteria were present in smears or culture. Numerous specimens of mucopurulent sputum obtained at this time showed a mixture of green streptococci, stapylococci and occasionally a hemolytic streptococcus. No tubercle bacilli were ever found.

The terminal weeks of his illness were those of sepsis with marked sweating, prolonged fever and prostration. Death occurred on May 17, 1943, approximately 10 weeks after the onset.

* * *

COMMENTS BY DR. DOCK—ON CASE II

Case 2.—The presenting complaint could be due to appendicitis, pancreatitis, bowel obstruction by tumor or chronic granuloma. The old story suggests bleeding from

ulcer, Meckel's diverticulum or tumor. We would like to know whether his blood count fell, whether his spleen was palpable, but all we have is rumor about his x-rays.

Pallor, absence of peritoneal irritation and abdominal masses are the outstanding physical findings. There was no paralytic ileus, no demonstrable lesion of the large bowel. The leucocytosis suggests tumor or inflammation, not cirrhosis, and following the initial bout of trouble, there were no further symptoms of obstruction. However, fever now is the outstanding feature and the liver becomes palpable. This could be cholangitis, after a bout of cholecystitis or pancreatitis; it may all be due to tumor, which would best explain the anemia. Tumors of the large bowel not infrequently escape x-ray demonstration; those of the small bowel usually do. The exploration did not rule out such a tumor, nor did it rule out pylephlebitis. Finally, he developed thrombophlebitis and classical signs of pulmonary infarction. The final decline is typical of tumor with necrosis, biliary sepsis, or pylephlebitis with multiple liver abscesses.

While appendicitis, subsiding quickly but causing local thrombophlebitis and portal thrombosis and sepsis seems the most likely diagnosis, it fails to explain the anemia. If the old bleeding was due to the same lesion that caused death, it must be either a benign tumor, or one of very slow growth with a final spread to the liver. I am unable to make any diagnosis with conviction, since tumor with necrosis, or thrombophlebitis with liver abscess, can both give exactly this picture.

Diagnosis: Carcinoma of bowel, with hepatic metastasis; or pylephlebitis with liver abscesses and the primary lesion probably in the appendix.

Pulmonary infarction, secondary to thrombophlebitis of leg.

* * *

COMMENTS BY DR. FOORD—ON CASE II

Case 2.—Anatomical Diagnosis—Pertinent Findings:

Leiomyoma of upper jejunum, with suppurative softening of center of tumor and abscess formation with perforation into lumen of gut.

Multiple streptococcus viridans chronic abscesses in right lobe of liver.

Streptococcus septicemia.

Suppurative thrombophlebitis of external iliac vein.

Infected infarcts of lower and upper lobes of right lung.

Subacute splenic tumor.

The obvious source of the abscesses in the liver was the myoma in the jejunum, which was spheroid in shape and measured 4 cm. across, a portion of it bulging into the lumen. A small opening extended into a pocket in its center 2.5 cm. across which was filled with thick, green purulent exudate from which streptococci similar to those in the abscesses in the liver were obtained. The liver weighed 1,900 grams and in the right lobe were seven abscesses filled with thick green pus and surrounded by thick layers of yellow granulation tissue; the largest of these areas was 5 x 3 x 3 cm. The rest of the liver showed simple cloudy swelling.

Numerous streptococci were found also in the softened portion of a thrombus, involving the right femoral and external iliac veins.

Apparently the source of the hemorrhage, as far back as 1935, was the myoma in the jejunum.

* * *

CASE 3.—Mrs. H. B., age 35, white, married, female. First entered the Huntington Memorial Hospital on 7-7-43 complaining of some recent loss of weight and strength, pallor and headaches. She was examined in February, 1943, by an examiner at an aircraft factory, and was told that her blood pressure was 230. At that time she had some headache, which had been present since.

Past History: She had rheumatic fever at the age of 14, and was told that she had a "bad heart." However, she was able to lead a fairly normal life during childhood. She had also had measles, smallpox, chickenpox and scarlet fever. At the age of 24 she had tuberculosis, and was in bed for one and one-half years. She made a good recovery and married but had no children. She had a fair appetite but had lost 17 lbs. in the last few months before admission. She had had no abdominal pain or distress, and no change in bowel habit or in the appearance of her stools. Her menstrual history was essentially normal until the last month before admission, when she skipped one period. At the age of 22 she stated that she had blood in her urine, for which she had several urinalyses, but stated that this lasted only a short while. She states that during all her life, until recently she has had urinary burning and frequency, varying in intensity.

In September, 1935, she was cystoscoped by a urologist, who examined her because of a foul-smelling discharge from the umbilicus, which had been present for several years. Cystoscopic examination showed a moderately scarred bladder with a large "golf hole" right ureteral orifice and a smaller left ureteral orifice, both of which admitted easily ureteral catheters. There was no dimpling at the dome of the bladder and no sinus could be demonstrated at the umbilicus. A cystogram showed a normal bladder shadow with reflux up the left ureter. A bilateral pyelogram showed a tendency to duplication of both pelves, and marked dilatation of all calyces and slight reduction in size of both kidneys. The urine at this time was entirely clear and there was no evidence of active inflammation.

Physical Examination: Showed a moderate pallor without edema. Head and neck were not remarkable except for a few slightly enlarged, firm submental lymph nodes. The heart showed a moderate enlargement to the left and the point of maximal impulse just beyond the mid-clavicular line. There were no thrills. A loud apical systolic murmur was present, best heard over the mitral area; rhythm regular, rate 86. The abdomen and extremities showed no findings of interest. One attending man described a faint diastolic murmur heard at the left border, in addition to the loud apical murmur, but no peripheral signs of aortic insufficiency. The lungs were resonant throughout except for an area in the third right interspace where there was slight dullness. No rales were heard.

Laboratory Examination: Hemoglobin 6.8 gms., 40.5 per cent (Newcomer). Red cells 2,400,000, white cells 9,150, neutrophiles 79 (stabs 19, segmented 60), myelocytes 2, monocytes 4, lymphocytes 15. There was minimal change in the morphology of the red cells, all of which were well filled with hemoglobin. First morning urines showed a specific gravity of 1.008 to 1.010, albumin 1+, sugar negative, 6 to 7 leukocytes per h.p.f., no casts or red blood cells. After a 12 hour fluid restriction the specific gravity was only 1.008, albumin heavy trace, no casts, pus cells or red cells.

She was transfused with 500 cc. of blood on 7-7-43 and 7-12-43, with resulting increase in hemoglobin to 54.5 per cent and red cells to 3,300,000. During her second day of hospitalization she had a temperature of 102, third day 101, fourth day 100, and the last two days were afebrile. Her pulse averaged 90 and respirations 20. She was discharged after one week's hospitalization.

Course: She was readmitted on 8-11-43 because of the onset of epistaxis, ecchymoses in the skin and severe hemorrhage from the bowel. She gave a history of also coughing up a small amount of blood in June. She also complained of nausea and vomiting, as well as a moderate dyspnea and of a moderate cough. There had been no bleeding from the urinary tract, and no pain or burning, but she did have to get up once at night. At examination she appeared to be moderately ill, temperature was 99, pulse 90, respirations 20 and blood pressure 160/94. There was a moderate pallor, tongue and gums were clean. The heart showed enlargement to nearly the midaxillary line on the left. There was a rumbling apical murmur. The abdomen was negative. Scattered small purpuric spots were found in the skin. Her hemoglobin was down to 28 per cent, red cells 1,950,000, leukocytes 7,800, polys 90 (stabs 13, segmented 77), monocytes 3, lymphocytes 7. There was a slight microcytosis and minimal hypochromia. Several urine samples showed a low gravity, 1.007 to 1.010, albumin a trace, sugar negative, no red cells and numerous leukocytes. She was given two transfusions of 500 cc. of whole blood and on August 18th 300 cc. and August 19th 400 cc. of red cells suspended in saline solution. On August 20th the patient suddenly had

a generalized convulsion, and on this day her blood pressure was 210/108, pulse 120. Subsequently she showed varying degrees of drowsiness and clonic jerking of her extremities. On August 21st her N.P.N. was 205. During the next two weeks her condition improved slightly and she showed no more evidence of convulsions or drowsiness; her N.P.N. fell to 150 and blood pressure on one occasion was 126/80. Her urine at the end of this time was loaded with pus cells and she was given sulfadiazine 0.5 grams t.i.d. A week later the patient had chills, a temperature of 103 and developed an extensive morbilliform rash. Two days later a scarlatiniform eruption had occurred with temperature going up to 104. In addition there were numerous petechiae and ecchymoses in the skin. Blood platelets were 23,000, the clotting time was 14 minutes by the Lee White method, normal control being 5 minutes. The clot did not retract in 48 hours, while the control clot retracted normally. The bleeding time was markedly prolonged. A blood culture taken during the febrile period showed no growth.

The rash faded and purpuric lesions became more numerous. The patient again developed muscle twitching, increased drowsiness, her N.P.N. reached 218 and she *died on September 14th*, on the 35th hospital day.

During the first week of her admission her temperature went occasionally to 101, but in the following two weeks remained normal. In the last two weeks, however, her temperature reached 102 to 104 every day and the pulse was 100 to 110. Respirations averaged 25.

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COMMENTS BY DR. DOCK—ON CASE III

Case 3.—Pallor, headaches and hypertension mean uremia. The life-long history of urinary burning and frequency suggests cystitis and pyelonephritis; whether hematuria was tuberculous, due to cystitis, or to nephritis, is not clear in this case. The pyelograms seem to rule out either old or recent tuberculosis of the urinary tract, but show anomalies and changes compatible with a "burned out" pyelitis. The eye grounds are not reported, but everything else is typical of the terminal phase of uremia with anemia. In the absence of x-rays the condition of the lungs cannot be stated; the terminal fever and purpura could be due to intercurrent infection in the urinary tract and to uremia, or to activation of tuberculosis. The striking drop in blood pressure is more frequent with tuberculosis than pyogenic infection, but some terminal fall may occur with pure uremia.

Diagnosis: Chronic pyelonephritis; uremia; possibly reactivation of chronic pulmonary tuberculosis.

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COMMENTS BY DR. FOORD—ON CASE III

Case 3.—Anatomical Diagnosis—Pertinent Findings:

Bilateral atrophic pyelonephritis.

Bilateral marked hydroureter and hydronephrosis without obstruction.

Marked hypertrophy and dilatation of heart, weight 350 grams.

Active chronic ulcerative pulmonary tuberculosis of right upper lobe.

Tuberculous ulcers in terminal ileum.

Caseous tuberculosis of mesenteric and peritracheal lymph nodes.

Bicuspid aortic valve (healed rheumatic endocarditis).

Anemia.

Uremia.

Purpura.

The kidneys were markedly reduced in size, the left measuring 8 x 4.5 x 3 and the right 10 x 5 x 3 cm. Marked dilatation of the pelves and calyces was present, and the parenchyma was markedly reduced in thickness. Widespread fibrosis and round cell infiltration with atrophy of the parenchyma was present in both kidneys, and large numbers of plasma and round cells were present in the thickened walls of the pelves, calyces and ureters. Marked sclerosis was found in the small arteries and arterioles throughout both kidneys. The findings were consistent with a chronic pyelonephritis with destruction of renal parenchyma. The hypertension apparently resulted from the sclerosis of the arterioles and the obstruction to the blood flow through both kidneys.

The tuberculosis in the right lung was active and a small cavity was present in which numerous tubercle bacilli were found. The death occurred primarily from the uremia.

330 E. 7th Street, New York City.
100 Congress Street, Pasadena.

EPIDEMIC VOMITING SICKNESS (SPENCER'S DISEASE)*

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IN California for the last quarter of a century the writer has seen sporadic cases of a disease common to that State, particularly to the warmer portions, and tending to recur in epidemic form in the spring and fall of each year. This disease is generally called intestinal influenza by the doctors and it is noted to show a predilection for newcomers to the community who, as a rule, have it more severely than the natives. It is of interest to the Armed Services in that many officers and their families promptly incur it upon moving to California, and current reports[1] would indicate that it is becoming much more widely disseminated throughout the nation and inciting general interest and study.

While affecting all ages, the disease is relatively rare in persons over forty, and commonest in small children. None die from it, but hospitalization is occasionally required to overcome severe dehydration with attendant acidosis.

SYMPTOMS

Symptoms are of interest in their great variability, and in that adults are much less sick than children and, as a general rule, recover from the acute phase within 24 to 36 hours, which is followed by 2 or 3 days of lassitude, anorexia and weakness before complete recovery. The chief symptoms consist of vomiting, which may be the sole incapacitating symptom present; diarrhea; or both. If only one symptom be present it is usually vomiting; rarely the vomiting is absent and only diarrhea present, but usually both are concomitant.

The disease tends to occur abruptly in one or two members of a family and the others all come down in a similar manner at intervals of 24 to 48 hours until all have had it excepting adults with a previous history of the infection. The latter are usually spared or have an abortive attack lasting only a few hours, and showing only nausea, anorexia, and sometimes vomiting.

Epidemics are occasionally explosive in violence and in one community over 500 cases occurred within three days and then the epidemic subsided. (Eagle Rock.)

Symptoms noted in typical cases in children are:

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† Ed. Note.—Dr. Albert G. Bower is a member of the Los Angeles County Medical Association. He is stationed at the U. S. Navy Hospital at Portsmouth, Virginia. That institution is the oldest hospital in the Navy, having been founded in 1827. During the War Between the States, it was captured by the Confederates, re-captured by the Union Army, and has remained under the jurisdiction of the Navy since that time. The institution has 3,500 beds, and for some time Dr. John Schmoele, also a member of the Los Angeles County Medical Association, has been Chief of the Surgical Service. Dr. Bower has a similar position as head of the Medical Service.

nausea, vomiting, abdominal cramping, and diarrhea. Sometimes there is headache; backache; chilliness and low-grade fever, occasionally reaching 105 degrees rectally; and rarely, a few days of mild acute jaundice. It has not been uncommon for those not fully acquainted with the disease to remove an appendix because of localization of the pain with rebound tenderness upon examination, and at operation the appendix is found to be normal except for a marked scarlet hyperemia which is evenly distributed to the entire gastro-intestinal tract as well. Normal or diminished white blood counts are the rule, and if appreciably raised to high levels after adequate hydration some secondary factor is most usually present or the diagnosis is questionable.

Sometimes there are markedly hyperemic tonsils present, and occasionally bronchitis, or bradycardia. I have never seen a true constipation, though the bowels may not move for a day or two due to excessive and frequent vomiting which preclude the ingestion of food.

ETIOLOGY

Despite numerous investigations upon the parts of many qualified individuals, governmental agencies, and university laboratories, the inciting agent remains unknown, but the consensus is that a virus will ultimately be incrimnated. The usual bacteria responsible for gastroenteritis have definitely been ruled out in the opinions of most competent investigators.

TREATMENT

Treatment in severer cases will have to be symptomatic and it is useless to give anything by mouth, as it induces prompt vomiting. These patients require rest in bed in a quiet room with dextrose solution by venoclysis. As the nausea subsides a few drops of sweetened liquid may be given at very frequent intervals, and increased to sips as tolerated. If vomiting recurs, the procedure will have to be gone through all over again. Physics are contraindicated and so are the sulfa drugs. Milk of Bismuth combined with chalk mixture, U. S. P. IX, has usually been helpful when patients reach a stage where they can sip and retain it. Heat is most comforting when applied to the abdomen.

COURSE

The disease is self-limited and usually over in three days, but occasionally lasts ten. It must be differentiated from the various other types of acute gastroenteritis and food poisoning, and more often than usually mentioned in the literature, from acute conditions of the abdomen, especially acute appendicitis.

Cases are being seen with increasing frequency in the dependents of all armed services, particularly in the members of dependent families recently removed to the west coast, and they are usually diagnosed under the present nomenclature as acute gastroenteritis, which does not tell the true story; but, since the disease is non-fatal, this is not too significant save from the standpoint of gathering accurate statistical and epidemiological data.

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God and the doctor we alike adore
But only in danger, not before;
The danger o'er, both are alike requited,
God is forgotten, and the doctor slighted

—*John Owen*

INTERCOSTAL NERVE BLOCK*

ITS RÔLE IN THE MANAGEMENT OF THORACIC CASUALTIES

MAJOR PAUL C. SAMSON†
AND
MAJOR LEO J. FITZPATRICK
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THE use of nerve block in the treatment of thoracic trauma has not received the attention to which it is entitled. The previous literature is not extensive and has been covered by Harmon[1] and by De Bakey.[2] Price[3] has used nerve block in controlling pleural pain due to disease. Harmon and his co-workers reported excellent results following *local* injection at the sites of fractured ribs, although apparently they did not appreciate that the relief of thoracic wall pain was a significant factor in helping to improve bronchial drainage. Rovenstine and Byrd[4] employed intercostal *regional* block for the relief of pain. For reasons to be presented below we have usually preferred a type of regional block rather than local infiltration. Wide experience in treating thoracic wounds has been gained with colleagues of an Auxiliary Surgical Group in the Mediterranean theater of war during the past two years, and the value of regional, paravertebral, and local block of the intercostal nerves has been frequently demonstrated. Several hundred nerve blocks of various types have now been performed. This experience has been summarized in part by Fitzpatrick, Adams and Burbank.[5]

Regardless of the type of injury or method of injection, the control of pain remains the basic aim of treatment. Pain has an important bearing on the patient's immediate reaction to injury. Clinical shock may be initiated or may be prolonged by severe pain. Early transportation, so frequently necessary under combat conditions, is greatly facilitated if pain has been controlled; the patient travels more safely and in greater comfort. Second, but always dependent on relief from pain, nerve block helps to secure adequate bronchopulmonary drainage in patients who have excessive secretions and an obstructed air-way. Third, pain and discomfort following thoracic operations are effectively relieved by intercostal nerve injections. Finally, when thoraco-abdominal wounds are suspected, the response to nerve block in some instances may aid in distinguishing between abdominal pain due solely to thoracic trauma and abdominal pain which results from intraperitoneal pathology. Incapacitating pain may be associated with any type of thoracic injury: minor soft tissue contusions or hematomas in the thoracic wall; all varieties of fractured ribs; small penetrating wounds, and severe, lacerated or avulsed wounds. Nerve block may be used to control thoracic pain of any degree or extent. Indeed, the most spectacular results from block have been in patients whose area of pain was widespread.

Heretofore adhesive strapping has been the most frequent means of attempting to control thoracic pain, especially when it has been due to fractured ribs. Adhesive strapping is still required for stabilization in a few instances where multiple anterior and posterior rib fractures have produced a "flail" chest with paradoxical motion. Otherwise it has been almost completely discarded.

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* This article has been released for publication by the Review Branch, War Department Bureau of Public Relations. The opinions and views set forth in this article are those of the writers and are not to be considered as reflecting the policies of the War Department, or the military service at large.

† Ed. Note.—Dr. Paul C. Samson, formerly of Oakland, is on leave of absence from Stanford University School of Medicine (Department of Clinical Surgery). Dr. Leo J. Fitzpatrick was in practice in Englewood, New Jersey.

Regardless of how applied strapping is frequently uncomfortable and essentially unphysiologic. Immobilization is never complete nor is the pain always relieved. There is continued compression of the thoracic cage which limits respiratory excursion and pulmonary expansion. This interferes with the efficiency of cough and favors the retention of excess bronchial secretions. As sequelae, atelectasis and pnemonitis occasionally have been observed.

War wounds are always contaminated wounds. Because of this and because many of the injuries are extensive, regional nerve block has been considered more efficient and safer than local infiltration at the injured site. Multiple intercostal injection has been employed most frequently and has been routinely performed at the angles of the ribs. Paravertebral block has been reserved for patients either in whom the intercostal injection was not completely effective, or in whom the wound itself was well mesial to the midscapular line. With paravertebral block both the intercostal nerves and the sympathetic chain are probably infiltrated at the same time. In rare cases of simple fractured ribs, local injection has been used to supplement the other two methods. In planning the injection, wounds and fractured ribs are noted and the area of skin tenderness is outlined. Intercostal or paravertebral infiltration is then performed to include at least two nerves above and two below the painful region. There is no hesitancy in injecting 10 or 11 nerves on one side or in performing bilateral blocks of from five to eight nerves each. In a successful block there is immediate relief from pain and the often dramatic change in the patient's condition will not be soon forgotten. A patient who has been restless, dyspneic and groaning with pain, shortly will be breathing normally and become relaxed and comfortable. Often he will fall asleep within a few minutes.

In nearly all instances the effects of nerve block have lasted for at least 24 hours and, frequently, only one injection has been necessary for permanent relief from pain. This has been a matter for some speculation since the *anesthesia* from injection lasts for only a few hours. Nerve block causes paralysis of the affected intercostal muscles, thereby relieving any associated muscular spasticity. This may be one factor involved in the prolonged effect of the block.

REPORT OF CASES

Case 1.—A 24-year-old soldier received anterior and posterior fractures of the right 5th and 6th ribs in a truck accident in North Africa. The right midthorax was exquisitely tender, and there was paradoxical motion of an area in the axilla, roughly 10 by 5 cm. in extent. Intercostal block of the 3rd through the 8th nerves was performed. Pain and dyspnea were immediately relieved. As respirations became quiet the paradoxical motion completely disappeared and no adhesive stabilization became necessary.

* * *

Case 2.—(Case of Major Frank). A 28-year-old sergeant on the Anzio beach-head suffered multiple contusions of the left chest and simple fractures of the 5th through the 11th ribs on that side. There was excruciating thoracic pain unrelieved by morphine; respirations were rapid, shallow, and grunting. Pain was increased by the short haul to a Field Hospital. Intercostal nerve block, D5 through D11, was performed nine hours after injury. There was immediate cessation of pain, and respirations became normal. No further blocks were necessary and the patient was evacuated by air to Naples in complete comfort.

* * *

Case 3.—A 27-year-old officer sustained a penetrating shell fragment wound of the right posterior thorax in an advance in France. He was admitted to a Field Hospital eight hours after wounding. A ragged 3 cm. wound was present, with compound, comminuted fractures of the 6th and 7th ribs mesial to their angles. Thoracic wall pain was so intense that the patient could not lie on his back, but was forced to remain prone. Morphine and adhesive strapping had not controlled the pain. With the patient still lying in the prone position, a paravertebral block from the 4th to the 9th nerves was performed. Cessation of pain was almost immediate, and the patient drew his first easy breath in more than eight hours. He could then be turned on his back and shortly thereafter was evacuated in comfort.

COMMENT

Many patients with thoracic injury suffer early respiratory distress and show signs of increased pulmonary moisture. Both fine and coarse rales may be heard over one or both chests. There develops a harassing, painful, wet cough and the patient continues to be unsuccessful in raising the blood and other secretions which flood the bronchial tree. Such is a brief description of what we have designated as the traumatic wet lung syndrome. Proper control of this condition is essential to preserve life and to prepare the patient either for early surgery, or for further evacuation. Tracheobronchial patency depends upon an efficient cough mechanism, and this is most frequently hindered by thoracic pain. Following nerve block, in most instances the patient is able to breathe deeply and to raise sputum effectively. Another possible effect of nerve block is suggested by the work of De Takats[6] who showed that in experimental animals bronchial and bronchiolar spasm followed injury to the thoracic wall. We have considered that the arrest of afferent painful stimuli by nerve injection may play a rôle in releasing the possible spasm. The other methods of treating wet lung are not germane to this paper and have been presented fully elsewhere.[7,8] Frequently, however, nerve block and continued voluntary cough are all the measures necessary to maintain adequate bronchopulmonary drainage.

* * *

Case 4.—A 22-year-old private suffered severe contusions of the left chest when a truck overturned in North Africa. There was diffuse tenderness over the left lower chest, but no fractured ribs were demonstrated. The patient had a constant wet cough, and coarse rales were heard throughout the left lung. An intercostal block of the 6th to the 11th nerves was performed. Pain was relieved and the patient commenced to raise sputum with ease. Over a 4-hour period he expectorated 100 cc. of tenacious, bloody secretions and the rales disappeared. Only one nerve block was necessary.

* * *

Case 5.—A 27-year-old sergeant received a penetrating gunshot wound of the right chest in Italy. He was admitted to a Field Hospital six hours later, where roentgenograms showed a small right-sided hemothorax, contusion of the lower lobe, and fractures of the 5th and 6th ribs posteriorly. The bullet was buried in the body of the 6th thoracic vertebra. The soldier had an unproductive, painful, wet cough, and was dyspneic. The 4th, 5th, 6th and 7th nerves were injected with only partial success. This was followed by paravertebral block of the same area, which resulted in complete cessation of pain. The cough immediately became productive of large amounts of bloody sputum, and the shortness of breath disappeared. Twenty-four hours later there was another episode of painful unproductive cough, and a second paravertebral nerve block gave complete relief. The patient was then evacuated without incident.

* * *

Case 6.—(Case of Major Thomas Burford and Benjamin Burbank). A 25-year-old soldier was in a truck accident in Italy, which resulted in fractures of the left 9th, 10th, and 11th ribs, and a hematoma of the thoracic wall. On entrance to the hospital eight hours after injury, the patient had a painful, wet cough, was dyspneic, and presented numerous fine moist rales bilaterally. The lower six intercostal nerves were blocked on the left and there was immediate and complete disappearance of pain and rales. No further treatment was necessary. Results of this type offer the best proof for the existence of post traumatic bronchial spasm and its cessation following nerve block.

COMMENT

It is essential that pain be relieved following thoracic

operations. A smoother postoperative course is thus insured. The patient will be able to breathe deeply without discomfort, and to expectorate bronchial secretions more effectively. Following operations on the thoracic wall, the location of the incision will dictate whether a regional intercostal, or a paravertebral nerve block may be used to better advantage. When thoracotomy is performed an "internal" infiltration may be carried out, in which an adequate number of intercostal nerves are directly injected through the parietal pleura before the chest is closed.

Nerve block occasionally may help to distinguish between uncomplicated thoracic, and thoraco-abdominal wounds. Abdominal pain, tenderness, and rigidity frequently accompany a low but purely thoracic wound. These signs often disappear following injection of the lower thoracic nerves, and the abdomen becomes soft. When, however, abdominal signs are associated with intraperitoneal pathology, nerve block may be followed by cessation of pain and tenderness, but some involuntary rigidity usually remains.

TECHNIQUE

Intercostal nerve block is best performed with the patient in the lateral recumbent position and the scapula well forward. One per cent procaine solution is employed and five cc. are injected into each nerve. The addition of ten minims of 1-1000 epinephrine hydrochloride to each 100 cc. of procaine apparently prolongs the anesthetic effect. A small wheal is raised over the midpoint of the rib at its angle. The injection needle with bevel faced cephalad is inserted to the rib, then redirected until the point just clears the inferior margin of the same rib. It is then advanced 0.5 cm., and if aspiration is negative for blood, the procaine solution is injected.

Paravertebral injection may be performed with the patient either prone or in the lateral recumbent position. The sites of injection are approximately 4 cm. from the midline and exactly opposite the spinous processes. These points are directly over the transverse processes. A needle at least 8 cm. in length is needed, with a small piece of loose rubber over the shaft to aid in measuring the depth to which the needle is to be inserted. Each needle without the syringe is introduced perpendicularly through an intradermal wheal until the dorsal surface of the transverse process is touched (usually 4 cm.). The small rubber guide is adjusted on the shaft of the needle approximately 3 cm. from the skin surface. With the bevel faced toward the midline, the needle is then slightly withdrawn, redirected anteromedially and passed just below (or above) the transverse process, sliding along the body of the vertebra to the depth indicated by the marker. This places the point of the needle retropleurally in the region of the thoracic ganglia, and injection will usually anesthetize both the sympathetic chain and the intercostal nerve. Prior to infiltration, aspiration is done in two planes to rule out the possibility that the needle has entered the pleural cavity, an extension of the subarachnoid space or a blood vessel. Five cc. of one per cent procaine solution are then injected.

SUMMARY AND CONCLUSIONS

Obliteration of pain is an important step in the treatment of thoracic trauma. Recovery from shock is speeded, obstructing bronchopulmonary secretions are raised more efficiently, and the patient may be transported with greater safety and comfort. Absence of pain following thoracic operations will simplify postoperative care.

It has been emphasized that incapacitating pain may be associated with contusions of the thoracic wall, fractured ribs, and wounds of various types. The rôle of intercostal and paravertebral nerve block in relieving thoracic wall pain of traumatic origin has been described and the techniques of injection have been presented. In treating battle injuries, the reasons for preferring a regional type of block instead of local infiltration have been given. Since nerve block has been employed, thoracic adhesive strapping for the control of pain has been discarded.

Brief case histories have been presented which illustrate the use of nerve block in different situations.

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ACROPARESTHESIA

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Glendale

THE present knowledge of this disease dates back about fifty years to the work of Schultze who in 1892[1] so well described it and gave it its name. Then with the work of Nothnagel we find presented before us two general types in which to divide these cases. The Schultze type in which there are no visible vasomotor symptoms, and the Nothnagel type in which these symptoms are present. Dr. R. Cassirer[2] in reviewing 162 cases estimates that about 25 per cent belong to this latter type.

After reviewing the recent literature and our own cases, it seems proper to consider this latter type an early Raynuad's in harmony with Spiegel[3] and eliminate them from this consideration. Further, this class is relatively rare, and also does not respond well to the same line of treatment as the Schultze type. This latter fact tends to uphold the belief that they belong with Raynuad's disease.

It is appropriate to refresh the mind briefly with the etiology, symptoms, and treatment of this disease before considering a rather typical case specifically.

ETIOLOGY AND SYMPTOMS

Acroparesthesia is the name applied to a sensory disturbance in the extremities, particularly the fingers consisting of sensations of burning, tingling, pricking, stiffness, and especially numbness or the feeling of the member of being asleep. Some writers report pain[4] and pallor but it is very rare in this class. Also the presence of radiculitis[5] is to be doubted. Putman[6] explained that these sensations are due to a decrease of blood flow in the extremities following a constriction of the arteriols which in turn is due to increase tonus of the Vegetative

nervous system. There are two or more salient facts that tend to substantiate this as the leading cause.

1. The condition is worse the first thing in the morning and in cold weather or when the extremities are chilled. With the relaxation of the body organism at night, there is a dilatation of the blood vessels with a cessation of symptoms which return upon arising in the morning because of the constricting of these vessels as mentioned above.

2. Acroparesthesia is found chiefly in women during the climacteric at which time there is an imbalance of the endocrine glandular system which in turn has an influence on the Vegetative nervous system and thus influences the flow of blood.

Sinkler[7] goes further and states that he thinks that it is due to faulty circulation of blood in the peripheral nerve fibers themselves.

TREATMENT

The treatments suggested are legion which would lead one to believe that there is no succesful remedy, especially when some improve without any treatment, when in reality there are several good remedies to chose from. Any anemia or avitaminosis should of course be corrected. Following are listed five remedies of known value. 1. Estrogenic hormone if patient is in the climacteric. Ten thousand units weekly is usually sufficient. 2. Hot and cold contrast baths to the afflicted extremities. These are conducted by immersing the limbs alternately in hot and cold water, first in water as hot as can be borne for three minutes, then one-half minute in real cold water. This treatment should be continued for twenty to thirty minutes once or twice daily. 3. Diathermy to the limbs. A good combination is to use the contrast baths one time daily and the diathermy one time daily. On the whole the contrast baths have proven more satisfactory than the diathermy because they tend to bring about a more healthy condition of the skin. 4. Niacin in amounts ranging from 50 to 100 milligrams three times daily. 5. Acetylcholine.

REPORT OF CASE

CASE 1.—This patient came into my office two years ago complaining of numbness and tingling of the hands and feet ("pins and needles") which had bothered her for six months. The condition was worse in the morning usually clearing up in two or three hours but sometimes lasted until noon. She had never had anything like it before and there was nothing in her history that pointed to a cause. The family was financially secure so the patient did only part of her own house work. She had been taking estrogenic hormone for several weeks because she had shown symptoms of the climacteric.

Physical Examination. The patient was a well developed white female of 45 who did not appear acutely ill, and was intelligent and coöperative. The examination showed no pathology in nose, throat, chest, or heart. Blood pressure was 135/80, pulse 76 and of good quality. The abdomen was normal and there was no abnormal pelvic condition.

Laboratory Tests. Urine was normal. Blood count showed no deficiencies. Hemoglobin 92 per cent, Red blood count 4,920,000, White blood count 6,400, Differential normal, Sedimentation rate within normal range.

Treatment. 1. Contrast baths daily. 2. Estrogenic hormone continued at 10,000 units weekly. 3. Niacin, 100 mgm. three times daily. This was reduced in three days to 50 mgm. three times daily because the patient complained of flushing. 4. Acetylcholine, 0.10 Gm. intramuscular three times weekly.

This patient felt improvement from the first treatment, which gradually continued until all symptoms cleared up. The treatment was continued for two weeks. After two weeks the acetylcholine injections were reduced to one weekly. The symptoms left completely after eight weeks of treatments and have not returned since. The patient has since sought to maintain a good tone to her skin by proper measures.

COMMENT

This case was different than the average in that the condition was present in the feet as well as the hands. Although it was quite evident that this was a case of the socalled menopausal acroparethesia, the trouble did not clear up with the use of estrogenic hormone alone. Again this patient did not belong to the working class as emphasized by Straus and Guttmann.[8] Further there was no reduction of strength such as noted by Ekbom.[9]

DIAGNOSIS

While it is not the purpose of this paper to discuss conditions that can be confused with acroparethesia, it might be of value to name a few such as types of neurosis, peripheral nerve diseases as neuritis, spinal cord conditions as tabes, syringomyelia and disseminated sclerosis, endocrine disorders as tetany and acromegaly, or intoxications such as caused by ergotism.

SUMMARY

1. Acroparethesia is thought to be an entity distinct from cases of similar symptoms which show visible vasomotor symptoms. 2. In the majority of cases very simple methods of treatment suffice to clear up the trouble, even Swedish massage will many times turn the trick in mild cases.

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Nicolò Paganini (1782-1840).—The genius of Paganini was ever a delight to composer, performer and listener alike. Harsh parental treatment in childhood planted the seeds for his life-long precarious health which finally ended in tuberculosis of the lungs and larynx. At 52, he was a doomed man. One May evening, aroused as out of a lethargy, he took his violin and played before a portrait of Byron, whom he much admired. Suddenly, the violin and bow fell from his hands, he fainted, and the next morning was dead.—Warner's *Calendar of Medical History.*

Rufus of Ephesus, who lived in the reign of Trajan (98-117), gave the first description of traumatic erysipelas, epithelioma and bubonic plague.

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Eye, Ear, Nose and Throat:
Frederick C. Cordes, San Francisco
Lawrence K. Gundrum, Los Angeles
George W. Walker, Fresno

General Medicine:
Lambert B. Coblentz, San Francisco
L. Dale Huffman, Hollywood
Mast Wolfson, Monterey

General Surgery (including Orthopedics):
Frederic C. Bost, San Francisco
Fred D. Heegler, Napa
William P. Kroger, Los Angeles

Industrial Medicine and Surgery:
John D. Gillis, Los Angeles
John E. Kirkpatrick, San Francisco

Plastic Surgery:
William S. Kiskadden, Los Angeles
George W. Pierce, San Francisco

Neuropsychiatry:
Olga Bridgman, San Francisco
John B. Doyle, Los Angeles

Obstetrics and Gynecology:
Daniel G. Morton, San Francisco
Donald G. Tollefson, Los Angeles

Pediatrics:
William W. Belford, San Diego
William C. Deamer, San Francisco

Pathology and Bacteriology:
Alvin G. Foord, Pasadena
R. J. Pickard, San Diego

Radiology:
R. R. Newell, San Francisco
John W. Crossan, Los Angeles

Urology:
Frank Hinman, San Francisco
Albert J. Scholl, Los Angeles

Pharmacology:
W. C. Cutting, Menlo Park
Clinton H. Thienes, Los Angeles

† For complete roster of officers, see advertising pages 2, 4, and 6.

OFFICIAL NOTICES

COUNCIL OF THE CALIFORNIA MEDICAL ASSOCIATION

Minutes of the Three Hundred Twenty-third (323rd) Meeting of the Council of the California Medical Association

The meeting was called to order in the Green Room of the Hotel Fairmont, in San Francisco, at 10:00 A.M., on Sunday, February 25, 1945.

1. Roll Call:

Present: Councilors Philip K. Gilman, Chairman; Lowell S. Goin, Karl L. Schaupp, E. Vincent Askey, E. Earl Moody, Edwin L. Bruck, Dewey R. Powell, Sam J. McClendon, Edward B. Dewey, Sidney J. Shipman, Herbert A. Johnston, Donald Cass, Harry E. Henderson, Axcel E. Anderson, R. Stanley Kneeshaw, John W. Cline, Lloyd E. Kindall, Frank A. MacDonald, John W. Green, and George H. Kress, Secretary.

Present by Invitation: L. A. Alesen, M.D., Vice-Speaker; Dwight H. Murray, M.D., Chairman Committee on Public Policy and Legislation; T. Henshaw Kelly, M.D., C.P.S. Trustee; John Hunton, Executive Secretary; A. E. Larsen, M.D., Medical Director, C.P.S.; Hartley F. Peart, Legal Counsel; Howard Hassard, Associate Legal Counsel; Clem Whitaker, Public Relations Counsel; Ben Read, Secretary California Public Health League; W. Glenn Ebersole; H. J. Templeton, M.D., Alameda County; Rollen Waterson of Gary, Indiana; H. Clifford Loos, M.D., Los Angeles; and Sidney N. Parkinson, M.D., Alameda County.

2. Minutes:

Minutes of the following meetings of the Council and Executive Committee were submitted and actions taken approved:

(a) Council Meeting (322nd) held in Los Angeles on January 4, 1945. (Printed in CALIFORNIA AND WESTERN MEDICINE, for April, page 179.)

(b) Executive Committee meeting (188th) held in Los Angeles, January 5, 1945.

(c) Executive Committee meeting (189th) held in San Francisco, January 21, 1945. (Printed in CALIFORNIA AND WESTERN MEDICINE, for February, page 62.)

(d) Executive Committee meeting (190th) held in San Francisco, January 31, 1945. (Printed in CALIFORNIA AND WESTERN MEDICINE, for March, page 122.)

3. Membership:

(a) A report of the membership, as of February 24, 1945, was submitted and placed on file. The membership roster showed distribution as follows:

Total members (civilian and military) listed for year 1945: 5,877.

Total members in military service: 2,170.

(b) The question of membership with dues waived for members serving with the United States Public Health Service was brought up for discussion. On motion

[a] Reports referred to in minutes are on file in the headquarters office of the Association. Minutes as here printed have been abstracted.

made and seconded, it was voted that dues of such members be waived for the Duration.

(c) On motion made and seconded, Retired Membership was granted to the following members, whose applications had been received in accredited form from their county societies:

Lillian Shields, Alameda County
J. David Beatty, Los Angeles County
Guy L. Bliss, Los Angeles County
E. C. Kellogg, Los Angeles County
B. A. McBurney, Los Angeles
Newton M. Otis, Los Angeles County
Thomas E. Bailly, San Francisco
George R. Carson, San Francisco County
H. B. Graham, San Francisco County
William J. Haber, San Francisco County
Arthur P. Kaelber, San Francisco County
John Dysart Dameron, San Joaquin County
Norman E. Williamson, San Joaquin County

(d) On motion made and seconded, Associate Membership was granted to Charles W. Duvall, Santa Clara County, whose application had been received in accredited form from his county society.

4. **Financial:**

(a) A cash report as of February 24, 1945, was submitted.

(b) Report was made concerning income and expenditures for January and for one month, ended January 31, 1945.

(c) A balance sheet, as of January 31, 1945, was submitted.

On motion made and seconded, the above reports were received and placed on file.

(d) Concerning the budget for year 1946, submitted by the Auditing Committee and the Executive Committee, it was agreed that the same should be resubmitted for action at the Council meeting to be held prior to the Annual Session.

5. **Interim Appointments:**

Council Chairman Gilman reported upon tentative appointments made since the last Council meeting held on May 4, 1945.

On motion made and seconded, it was voted that the appointments, which follow, be confirmed:

(a) Frank A. MacDonald, Sacramento, appointed as Liaison Contact with California Veterans Committee.

(b) James B. Irwin, San Diego, appointed Secretary to C.M.A. Section on Radiology, vice Beth T. Pinkston, resigned because of illness.

(c) George H. Evans, San Francisco, appointed to Advisory Board of C.M.A. Committee on History.

(d) Wilson Stegeman, Santa Rosa, appointed to Advisory Committee to C.M.A. Committee on Public Policy and Legislation.

6. **On Publication of Minutes of the Special Session of the C.M.A. House of Delegates:**

(a) The Council reconsidered its former action (Item 13(b) in minutes of the 322nd meeting), concerning the publication of the full minutes of proceedings of the Special Session of the House of Delegates held in Los Angeles January 4-5-6, 1945.

The typewritten transcript covers some 460 pages. Because the resolutions and other important comment concerning the Special Session and subsequent actions bearing thereon had appeared in CALIFORNIA AND WESTERN MEDICINE, and in special letters and bulletins sent out by the central office, the Council deemed it unwise to appropriate some $3,500 for printing and distributing the complete minutes, since the official copies are on file in the central office of the Association.

On motion made and seconded, it was voted not to print the complete minutes.

(b) Report was made on the conference held at the Sutter Club in Sacramento on Thursday, January 25, 1945, the same having been arranged to comply with the action of the House of Delegates in its resolution as printed in CALIFORNIA AND WESTERN MEDICINE, for January, 1945, on page 34.

(For additional information concerning the conference held in Sacramento, see CALIFORNIA AND WESTERN MEDICINE, for February XLVI,, on page 83.)

It was agreed that a similar conference should be held, if deemed advisable, some time in March, preferably in Sacramento, the call and arrangements therefor to be made by the Chairman of the Committee on Public Policy and Legislation, Dr. Dwight H. Murray.

7. **Proposed California Sickness Insurance Laws:**

The Council then took up the discussion of the major sickness insurance legislation that had been submitted to the 56th California Legislature now in session. The proposed laws receiving special discussion were:

1. Assembly Bill 449, sponsored by the C.I.O.;
2. Assembly Bill 800, sponsored by Governor Earl Warren;
3. Assembly Bill 1200, sponsored by the California Medical Association;
4. Assembly Bill 1414, a bill identical with the measure proposed several years ago by former Governor Olsen.

Reports were made by Dwight H. Murray, Chairman of the C.M.A. Committee on Public Policy and Legislation; Mr. Ben Read, Secretary of the California Public Health League; and Mr. Clem Whitaker, Public Relations Counsel. Questions were asked and discussions participated in by members of the Council.

Mention was made that digests of these and related bills were outlined in CALIFORNIA AND WESTERN MEDICINE, for February, on pages 89-92.

Dr. Murray, Mr. Read, and Mr. Whitaker informed the Council concerning their impressions on the attitude of individual State Senators and Assemblymen concerning the proposed legislation.

They stated that prior to the constitutional recess of the Legislature on January 26th, the general sentiment of Legislators as expressed, did not indicate that the compulsory insurance bills would go on to passage in both Houses of the Legislature during the present session.

Discussion was also had concerning the possibility of an appeal by one or more of the proponent groups through resort to initiative that would be placed on the ballot of the general election in November, 1946.

Discussion followed concerning the work that had been done thus far. It was voted to be the opinion of the Council that voluntary insurance was preferable to the compulsory plans that had been submitted. The Officers of the Association were commended for the presentation of the statement that they had made concerning the attitude of the Association and thanks were given to the Legislative Committee and Legal Department for their efficient service.

The courtesy of the floor was extended to Dr. Clifford Loos of Los Angeles who called attention to some phases of the proposed legislation which he deemed important. Dr. Loos submitted a list of currently operated medical plans in California, this report being placed on file.

Dr. H. J. Templeton, President of the Alameda County Medical Association, spoke on types of prepayment plans with special reference to indemnity instead of fee-for-service.

8. **California Physicians' Service:**

Report was made concerning an extension in the public relations work of California Physicians' Service.

Motion was made to allocate $2,000 per month for a period of 12 months to carry on this work. The motion was not carried. It was then voted to authorize the C.M.A. Executive Committee to have power to act on this request.

9. **Hospitalization Work (Liaison Committee on Blue Cross Hospitalization Groups in California):**

Discussion was had on ways and means of extending hospitalization coverage, and it was agreed that conferences should be held with the hospitalization groups and an effort made to have hospitalization coverage available to individual citizens.

10. **1945 Annual Session:**

(a) A memorandum report was submitted concerning the rules of the Office of Defense Transportation limiting convention travel to 50 persons or less. The plan of representation in the House of Delegates received informal comment.

(b) Memorandum report was also submitted concerning the program outlined by the C.M.A. Committee on Scientific Work for the Scientific Sessions, meetings to be held in coöperation with the Los Angeles County Medical Association. (Details concerning the plans appear in CALIFORNIA AND WESTERN MEDICINE, for February, on page 97; and for March, pages 106 and 137.)

(c) Concerning Resolution No. 1, adopted by the C.M.A. House of Delegates at the 1944 Annual Session (CALIFORNIA AND WESTERN MEDICINE, June, 1944, page 307), the Council agreed it was not advisable to institute such prizes and awards at this year's streamlined session.

11. **Woman's Auxiliary:**

The recommendations of the Woman's Auxiliary to the California Medical Association concerning this year's Annual Session were submitted and it was agreed that the plan outlined by the Officers of the Woman's Auxiliary, not to hold a State meeting, be approved.

12. **Legal Department:**

General Counsel Hartley F. Peart reported on the following matters:

(a) *I.A.C.—Fee Schedule:* The general counsel stated that pursuant to previous authorization of the Council, Assembly Bill 7102 had been drafted and thereafter introduced by Assemblyman King of Oroville. This bill expressly gives the Industrial Accident Commission power, which it now has by implication, of fixing a fee schedule in compensation cases. The bill provides that this fee schedule must be reviewed by the Commission once in every two years. The bill prohibits any physician to rebate on his fees, and provides that any agreement made by an insurance company or employer for medical service must provide for reasonable fees and is of no force or effect unless filed with the Commission. Mr. Peart stated that for practical reasons the bill did not include other desirable amendments and that these amendments had the approval of the Commission itself, acting through Commissioner Garrison.

(b) *Administrative Agencies — Procedure, Hearing Officers:* General Counsel Peart further reported that the Judicial Council of California had developed a code of administrative procedure dealing with proceedings before various boards and commissions, including the State Board of Medical Examiners, and that legislation to carry this report into effect had been introduced. The general counsel stated that the State Board of Medical Examiners under this act would have the benefit of the services of a hearing officer who must be an attorney at law of five years' experience, who would deal with questions of procedure on hearings before the Board; further, that proceedings for judicial review of the actions of the Board were clarified and regulated under another portion of the Council's report.

(c) *California Physicians' Service—Decision of District Court of Appeal:* General Counsel Peart stated that on January 15th, the District Court of Appeal of the Second Division, composed of presiding Justice Nourse, Associate Justice Sturtivant, and Justice Pro Tem Dooling, had unanimously affirmed the decision of Superior Judge Goodell holding that California Physicians' Service is a nonprofit service corporation and not an insurance company; that California Physicians' Service is not unlawfully engaged in the corporate practice of medicine; that while its prepaid medical service provides for a distribution of the risk, it does not in any sense indemnify patients or insure their health, but on the contrary renders service to them in the event of sickness or accident.

The general counsel was instructed to mail a copy of the decision to each member of the Council.

Mr. Hassard then reported on the present status of the California Medical Association's voluntary bill (A.B. 1200). He stated that several different groups had requested amendments to the bill. These requests were discussed in detail by the Council, and after motion duly made and seconded, it was decided to leave all matters relating to A. B. 1200 in the hands of the Committee on Public Policy and Legislation.

13. **Association of American Physicians and Surgeons:**

Mr. Rollen W. Waterson, of Gary, Indiana, Secretary of the Association of American Physicians and Surgeons, was introduced. Members of the Council were invited to attend a meeting of the Alameda County Medical Association on Monday, February 26th, at which time Mr. Waterson would give an address on the work of the A.A.P.S.

14. **California Association of Medical Laboratory Technicians:**

The Council recommended to the Committee on Public Policy and Legislation that it take steps to oppose the enactment of Senator Parkman's S. B. 175.

15. **Time and Place of Next Meeting:**

(a) It was agreed that the next meeting should be held at 12:30 noon on Saturday, May 5, 1945, in Los Angeles.

(b) It was agreed that C.M.A. delegates to the A.M.A. House of Delegates should be invited to attend the meeting of the Council on Saturday, May 5th.

16. **Executive Session:**

The Council went into Executive Session to consider ways and means of combating proposed sickness insurance legislation.

17. **Adjournment.**

PHILIP K. GILMAN, M.D., *Chairman,*
GEORGE H. KRESS, M.D., *Secretary.*

EXECUTIVE COMMITTEE OF THE CALIFORNIA MEDICAL ASSOCIATION*

Minutes of the One Hundred Ninety-first (191st) Meeting of the Executive Committee of the California Medical Association

The meeting was called to order in the office of the Association, 450 Sutter Building, San Francisco, at 10:00 A.M., on Sunday, April 8, 1945.

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* Reports referred to in minutes are on file in the headquarters office of the Association. Minutes as here printed have been abstracted.

1. **Roll Call:**

Members Present: John W. Cline, Chairman; E. Vincent Askey, Speaker of House of Delegates; Karl L. Schaupp, Past-President; Philip K. Gilman, Council Chairman and President-Elect; and George H. Kress, Secretary.

Members Absent: Lowell S. Goin, President.

Present by Invitation: Lloyd Kindall, Councilor; Hartley F. Peart, Legal Counsel; Howard Hassard, Associate Legal Counsel; John Hunton, Executive Secretary; Clem Whitaker, Public Relations Counsel; Ben Read, Secretary Public Health League of California; W. Glenn Ebersole; and W. M. Bowman of California Physicians' Service.

2. **Minutes:**

On motion made and seconded, the minutes of the 190th meeting of the Executive Committee, held in San Francisco on January 31, 1945, were approved. (Minutes were printed in CALIFORNIA AND WESTERN MEDICINE, for March, on page 122.)

3. **Sickness Insurance Legislation:**

Reports were received concerning sickness insurance bills presented to the 56th California Legislature, now in session in Sacramento. (The C.M.A. bill, A.B. 1200, appeared in CALIFORNIA AND WESTERN MEDICINE, for February, on page 65; and digests of Governor Earl Warren's bill, A.B. 800, and the C.I.O. bill, A.B. 449, and other bills, appeared in the same issue on pages 89-92.)

Extensive reports were presented to the Executive Committee by Mr. Ben Read, Secretary of the Public Health League of California; and Mr. Clem Whitaker, Public Relations Counsel. Supplementary reports were made by Mr. Hartley F. Peart, Legal Counsel, Mr. Howard Hassard, Associate Legal Counsel; and Mr. John Hunton, Executive Secretary.

The speakers explained what had taken place in the various hearings of the Assembly Committee on Public Health, and the general reaction of Legislators to the subject of compulsory sickness insurance.

It was stated that the Assembly Committee on Public Health had voted to not send out the bills to the Assembly floor, but efforts were being made by Administration and C.I.O. groups to secure the 41 votes necessary to bring the measures before the Assembly, during the week of April 9th.

Informal comment concerned possible future plans of proponents of compulsory sickness legislation. Mention was made of legislation that might lead to the appointment of interim study committees, either of the Assembly or a joint Senate-Assembly Committee. Possible referendum and initiatives also were mentioned.

The reports submitted indicated, even though the Assembly Committee on Public Health had refused to approve Governor Warren's Compulsory Health Bill, A.B. 800, and the C.I.O. Bill, A.B. 449, that the supporters of those measures were continuing active work to bring the issues to vote either in the Legislature or possibly at special or regular State election.

Informal discussion took place on best ways and means of meeting some of these issues, should occasions arise.

Members of the Committee and invited guests took part in the discussions. Speaker E. Vincent Askey presented a special report outlining plans he had taken up with colleagues in Southern California. It was agreed that some of the items that had been submitted should be gotten into form for possible presentation to the Council and House of Delegates, at Los Angeles on May 6-7, 1945.

4. **Miscellaneous Legislation:**

Associate Legal Counsel Howard Hassard made informal comment concerning a number of other bills related to the public health and healing art practice in which members of the profession have a natural interest. It was felt that for the time being, no immediate action would be necessary thereon.

5. **Committee on History:**

The C.M.A. Committee on History, through Chairman Morton R. Gibbons, requested permission to hire casual clerical aid in order that archives and other informative material from colleagues in military service could be secured. It was agreed that this should be done.

6. **Woman's Auxiliary:**

(a) A letter from the President of the Woman's Auxiliary to the C.M.A., Mrs. Ralph Eusden, dated April 2nd, was read. The Executive Committee concurred in the recommendation that the Auxiliary Officers should continue as such for the coming year and until the next general State Meeting is held by the Auxiliary.

(b) Concerning entertainment features in Los Angeles during the coming Annual Session, it was believed, owing to the limited number of delegates who would be in attendance, and because of announcmeents made to conform with the directives of the Office of Defense Transportation, it would not be advisable to arrange for entertainment features in Los Angeles on May 6-7.

7. **Taxation of X-Ray Films:**

General Counsel Peart reported that the State Board of Equalization had adopted a new rule purporting to impose a sales tax on x-ray film as distinct from the professional opinion of the doctor. He stated that he had held an extended telephone interview with President Goin on the subject and that Dr. Goin had requested that the matter be brought before the Committee.

After discussion, Mr. Peart was instructed to take up this matter with the State Board of Equalization and endeavor to obtain a ruling that no sales tax should be or can be legally levied upon the use made of film in connection with professional services.

8. **Annual Session in Los Angeles:**

Informative material concerning the Annual Session to be held in Los Angeles on May 6-7, 1945, having been sent to members of the Council, it was agreed that the plans submitted should be carried through. Scientific Sections would hold their meetings under the local auspices of the Los Angeles County Medical Association.

9. **Proposed Amendments to C.M.A. Constitution:**

A letter from Councilor Donald Cass concerning changes in the Constitution whereby the Vice-Speaker of the House of Delegates and the Chairman of the Committee on Public Policy and Legislation should become voting members of the Council, received informal discussion.

It was stated that the Chairman of the Committee on Public Policy and Legislation, Dr. Dwight H. Murray, felt that such a provision would handicap him in his work.

10. **C.P.S. and Indemnity Payments:**

Councilor Lloyd Kindall of Oakland, spoke concerning a letter he had submitted under date of March 22nd in which the following question was put:

"Shall the Council of the California Medical Association recommend to the Administrative Members of the California Physicians' Service that California Physicians' Service be changed so that fees for medical services be paid direct to the patient and not to the Doctor?"

It was agreed that the item should be placed on the agenda of the Council meeting for further consideration.

11. **Committee on Postwar Plans:**

Council Chairman Gilman spoke concerning a plan of

procedure in connection with postwar activities with special relation to facilities of military colleagues who were returning to practice in California. He stated he had appointed such a committee as follows:

John W. Cline, M.D., San Francisco, California Medical Association.

Philip K. Gilman, M.D., San Francisco, California Medical Association.

Anthony B. Diepenbrock, M.D., San Francisco, State Board of Medical Examiners.

Frank W. Otto, M.D., Los Angeles, State Board of Medical Examiners.

L. R. Chandler, M.D., San Francisco, Stanford University School of Medicine.

B. O. Raulston, M.D., Los Angeles, University of Southern California School of Medicine.

Wilton L. Halverson, M.D., San Francisco and Los Angeles, State Board of Public Health.

Phoebus Berman, M.D., Los Angeles, Los Angeles County Hospital.

Benjamin W. Black, M.D., Oakland, Alameda County Hospital.

Harold A. Fletcher, M.D., San Francisco, Procurement and Assignment Service.

John Hunton (ex-officio), San Francisco, Secretary.

The Executive Committee approved the appointment of the committee.

12. California State Board of Public Health:

President-Elect Gilman stated that he had had a conference with Director of Public Health Wilton L. Halverson, concerning the establishment of blood banks, with special reference to proposed legislation thereon.

Chairman Cline pointed out that the San Francisco County Medical Society had opposed the institution of such blood banks unless certain safeguards were provided.

It was stated that Chairman Murray of the Committee on Public Policy and Legislation had learned that there is considerable objection in the Legislature toward compulsory provisions in the contemplated bills.

Dr. Gilman said he would inform Director Halverson concerning the objections that had been brought forward.

13. Adoption Laws in California:

Report was made that Director C. W. Wollenberg of the State Department of Social Welfare wished to appoint a committee consisting of three members of the State Bar, three members of the California Medical Association, and three members of the State Government to make a study of the adoption laws of California.

Dr. Gilman stated that upon request of Director Wollenberg, he had appointed to represent the C.M.A.: Philip K. Gilman, San Francisco; Donald G. Tollefson, Los Angeles; and George H. Kress, San Francisco.

The Executive Committee approved the action taken.

14. Coordinating Committee of California Procurement and Assignment Service:

A letter of March 13th, concerning a resolution regarding Class 1 and Class 2 nurses received from Chairman Harold A. Fletcher, was presented. No action was taken thereon.

15. Proposed Letter to County Society Officers:

A letter dated March 2nd, received from J. Frank Doughty, M.D., of Tracy, Chairman of the Committee on Membership was read. The letter had to do with cooperation with military colleagues returning to civilian practice.

It was agreed that the letter should be turned over to the newly appointed Committee on Postwar Plans for Military Colleagues.

16. Adjournment:

There being no other business, the meeting adjourned at 6:00 P.M.

JOHN W. CLINE, M.D., *Chairman,*
GEORGE H. KRESS, M.D., *Secretary.*

COUNTY SOCIETIES†

CHANGES IN MEMBERSHIP

New Members (76)

Alameda County (6)

Bjorklund, J. Harman, *Livermore*
Cull, Virginia L., *Oakland*
Levine, H. S., *Oakland*
Pillsbury, Ruth M., *Oakland*
Schnoor, Thomas G., *Berkeley*
Woods, Walter L., Jr., *Oakland*

Butte-Glenn County (1)

Baty, Fred D., *Kansas City, Missouri*

Contra Costa County (1)

Kaess, James B., *Brentwood*

Fresno County (2)

Seibel, John J., *Reedley*
Sinay, Henry, *Fresno*

Imperial County (1)

Kortheuer, Karl H., *Calexico*

Los Angeles County (33)

Beddoe, Paul, *Long Beach*
Bross, Rachel B., *Los Angeles*
Brown, J. Scott, *Long Beach*
Bell, Leslie M., *Pasadena*
Church, Burt Thomas, *North Hollywood*
Cooley, Mahlon Cecil, *Los Angeles*
Crawford, Alanith V., *Santa Monica*
Dublin, William Brooks, *Los Angeles*
Engle, Robert B., *Pasadena*
Fareed, Omar John, *Glendale*
Ferman, Jack A., *Long Beach*
Francis, J. Donald, *Los Angeles*
Frank, William P., *Alhambra*
Friedgood, Harry B., *Los Angeles*
Frudenfeld, Karl, *Inglewood*
Fuchs, Arthur Robert, *Long Beach*
Gairdner, Thomas M., *Burbank*
Hansen, Louis O., *Compton*
Hoagland, Paul Ingalls, *Pasadena*
Kahlstrom, Carl Ewald, *Long Beach*
Levinthal, Daniel H., *Beverly Hills*
Margarian, Sennacherib M., *Long Beach*
Morgenroth, Frank C., *Los Angeles*
Morrow, James Joseph, *Burbank*
Pearl, Sarah A., *Beverly Hills*
Rosenbloom, Davis, *Los Angeles*
Rothman, Theodore, *Los Angeles*
Sevener, Clinton J., *Los Angeles*
Simpson, William Edward, Jr., *North Hollywood*
Soudakoff, Peter S., *Los Angeles*
Sparkuhl, Konstantin, *Los Angeles*
Stratton, Victor Charles, *Los Angeles*
Wallner, Adolf, *Los Angeles*

Marin County (1)

Oliva, George, *San Anselmo*

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†For roster of officers of component county medical societies, see page 4 in front advertising section.

Merced County (1)

Hillyer, L. R., *Los Banos*

Monterey County (1)

Corp. Keith, *Salinas*

Napa County (2)

Peterson, Walter W., *Napa*

Sandness, J. E., *Napa*

Riverside County (2)

Gill, Arthur F., *Banning*

Lauter, Monte A., *Indio*

San Bernardino County (1)

Campbell, Guy Gibson, *Addis Ababa, Ethiopia*

San Francisco County (12)

Crowe, John A., *San Francisco*

Farber, Jason E., *San Francisco*

Fishman, Victor Paul, *San Francisco*

Gilmore, Edith Schrader, *San Francisco*

Guadagni, Albert Paul, *San Francisco*

Henry, Margaret, *San Francisco*

Larsen, Leonard H., *San Francisco*

Newman, Thomas R., *San Francisco*

Perez, Eugene Reyes, *San Luis Obispo*

Richards, Victor, *San Francisco*

Tuschka, Otto Joseph, *San Francisco*

Tyler, Ynez Coit, *San Francisco*

San Joaquin County (2)

Hill, W. Theodore, *Stockton*

Michals, N. J., *Lodi*

San Mateo County (1)

Wertheim, Morris, *South San Francisco*

Santa Barbara County (6)

Brown, Louise P., *Santa Barbara*

Feld, David D., *Santa Barbara*

Hyatt, Herbert, *Santa Barbara*

Jennings, W. Kenneth, *Santa Barbara*

Murdock, Edgar Paul, *Guadalupe*

Tirico, Joseph G., *Santa Barbara*

Shasta County (1)

Mayers, Howard Doane, *Fall River Mills*

Tulare County (1)

Craycroft, Robert N., *Tulare*

Ventura County (1)

Howarth, E. M., *Santa Paula*

Transfers (14)

Bowles, Doris Emerson, from *San Francisco County* to *Alameda County.*

Crandall, Frank G., Jr., from *Stanislaus County* to *Los Angeles County.*

Crites, A. H., from *San Bernardino County* to *Ventura County.*

Custer, William Castleberry, from *Los Angeles County* to *Alameda County.*

Drake, Howard H., from *Orange County* to *Los Angeles County.*

Gardinier, William H., from *San Francisco County* to *Los Angeles County.*

Janzen, Jacob, from *San Bernardino County* to *Los Angeles County.*

Kirkpatrick, John E., from *Shasta County* to *San Francisco County.*

Larson, S. A., from *Contra Costa County* to *Solano County.*

McKee, Wayne P., from *Stanislaus County* to *Humboldt County.*

Mraz, Gerald L., from *Kings County* to *San Bernardino County.*

Saunders, William W., from *Contra Costa County* to *Alameda County.*

Von Saltza, John, from *San Francisco County* to *Santa Clara County.*

White, Henry Lawrence, from *Shasta County* to *Los Angeles County.*

Resignations (1)

Hume, Portia Bell, *San Francisco, County.*

In Memoriam

Abbot, Frank Farnum. Died at Ontario, March 9, 1945, age 61. Graduate of the Jefferson Medical College of Philadelphia, Pennsylvania, 1907. Licensed in California in 1907. Doctor Abbot was a member of the San Bernardino County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

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Bruin, Mackall R. Died at Los Angeles, March 10, 1945, age 78. Graduate of the University of Maryland School of Medicine and College of Physicians and Surgeons, Baltimore, 1895. Licensed in California in 1910. Doctor Bruin was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

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Cooder, Howard Russell. Died at Los Angeles, March 26, 1945, age 58. Graduate of McGill University Faculty of Medicine, Montreal, 1921. Licensed in California in 1924. Doctor Cooder was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

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Cunningham, Thomas Maltby. Died at La Mesa, February 26, 1945, age 76. Graduate of Columbia University College of Physicians and Surgeons, New York, 1895. Licensed in California in 1921. Doctor Cunningham was a member of the San Diego County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✚

Hodgins, Frederick William. Died at Oakland, April 6, 1945, age 71. Graduate of the University of Toronto Faculty of Medicine, Ontario, 1896. Licensed in California in 1902. Doctor Hodgins was a member of the Alameda County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✚

Kohls, Clara Lydia. Died at San Francisco, March 18, 1945, age 49. Graduate of the University of California Medical School, Berkeley-San Francisco, 1927. Licensed in California in 1927. Doctor Kohls was a member of the San Francisco County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✚

Monteith, Robert Fisher. Died at Redwood City, April 10, 1945, age 43. Graduate of Rush Medical College, Illinois, 1930. Licensed in California in 1930. Doc-

tor Monteith was a member of the San Mateo County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✤

Shields, Lillian. Died at Piedmont, March 22, 1945, age 71. Graduate of the Cooper Medical College, San Francisco, 1902. Licensed in California in 1902. Doctor Shields was a Retired member of the Alameda County Medical Assocaition, the California Medical Association, and an Affiliate Fellow of the American Medical Association.

COMMITTEE ON SCIENTIFIC WORK

74th Annual Session

Los Angeles, May 6-7, 1945

COMMITTEE ON SCIENTIFIC WORK
Executive Group
George H. Kress, Chairman, ex-officio
Howard F. West, 1945 Fletcher B. Taylor, 1946
J. Homer Woolsey, 1947
Salvatore P. Lucia, ex-officio (for Medicine)
Leon Goldman, Ex-officio (for Surgery)

INDEX OF SECTION PROGRAMS

No. of Item	Nature of Item	Page
	General Meeting	264
I	*General Medicine*	264
II	*General Surgery*	264-266
III	*Obstetrics and Gynecology*	267
IV	*Eye, Ear, Nose and Throat*	267
V	*Anesthesiology*	268
VI	*Dermatology and Syphilology*	268
VII	*Industrial Medicine and Surgery*	269
VIII	*Neuropsychiatry Section*	270
IX	*Pathology and Bacteriology*	271
X	*Pediatrics*	272
XI	*Radiology*	273
XII	*Urology*	273
XIII	*Public Health*	274

SCIENTIFIC ASSEMBLIES

* * *

GENERAL AND SECTION MEETINGS

* * *

FIRST GENERAL MEETING

Sunday Morning, May 6, 1945, at 10:00 a.m.
Lodge Room (Elks Temple)

Presiding
KARL L. SCHAUPP, *Past President*
LOWELL S. GOIN, *President*

Invocation

(1)

Address of Welcome—Jay J. Crane, M.D., President of the Los Angeles County Medical Association.

(2)

Greetings from the Woman's Auxiliary—Mrs. Ralph Eusden, President of the Woman's Auxiliary to the California Medical Association.

(3)

Address of President—"The Philosophical Background of Compulsory Health Insurance"—Lowell S. Goin, M.D., Los Angeles, President of the California Medical Association.

(4)

The Profession's Postwar Responsibilities to Colleagues in Military Service—Philip K. Gilman, M.D., President-Elect of the California Medical Association.

(5)

California Department of Public Health—Wilton L. Halverson, M.D., Director of Public Health, State of California.

(6)

Board of Medical Examiners of State of California—Frederick N. Scatena, M.D., Secretary of the Board.

(7)

Report of Committee on Public Policy and Legislation—Dwight H. Murray, M.D., Napa, Chairman.

(8)

Treatment of Rheumatic Fever—Lt. Comdr. George C. Griffith, (MC), U.S.N.R., U. S. Naval Hospital, Corona. Chairman of War-Time Graduate Medical Meetings Committee for 24th Zone, (Southern California). (With slides.)

* * *

I

GENERAL MEDICINE SECTION

Meeting Room: Lodge Room (Elks Temple)

JOHN MARTIN ASKEY, M.D., *Chairman*
1930 Wilshire Boulevard, Los Angeles

SALVATORE P. LUCIA, M.D., *Secretary*
2898 Broadway, San Francisco

HOWARD DENNIS, M.D., *Assistant Secretary*
9615 Brighton Way, Beverly Hills

Sunday, May 6, 2:00 p.m.

JOINT MEETING WITH SECTION ON SURGERY

Paper No. 9:

Chairman's Address—Some Thoughts on the Need for a Central Medical Registry—John Martin Askey, M.D., 1930 Wilshire Boulevard, Los Angeles.

Truth in medicine depends upon an elaborate accumulation of facts carefully observed, carefully collated, and carefully analyzed. Truth in the past has suffered because of the inability to collect the facts resident in the clinical experience of the great body of medical practitioners. This is a plea for an attempt to utilize these experiences.

PART I—PANEL DISCUSSION OF DISEASES OF THE LIVER

Paper No. 10:

The Gallbladder and Diseases of the Liver—William C. Boeck, M.D., 2210 West Third Street, Los Angeles.

The rôle of the gallbladder in the production of diseases of the liver is strictly a very limited one. Chronic cholecystitis alone or associated with cholelithiasis produces no diseases of the liver, but the complication of perforation in acute cholecystitis with abscess formation may involve the liver. Malignant tumors of the gallbladder likewise produce liver involvement by metastasis.

Paper No. 11:

Infections of the Liver with Special Reference to Amebiasis—L. A. Alesen, M.D., 1401 South Hope Street, Los Angeles.

Amebic hepatitis and amebic abscess of the liver can be expected to occur more frequently in future practice as a result of military operations in the tropics. Awareness of amebiasis as a factor in the production of abdominal symptoms is stressed. Its complications in the form of hepatitis and abscess should be borne in mind in the diagnosis of obscure abdominal lesions. Diagnostic points are presented and the differential features between pyogenic and amebic infections of the liver are emphasized. Treatment of uncomplicated amebic liver abscess by emetine and aspiration is outlined. Dangers and complications are discussed. The management of secondarily infected abscesses of extra-serous drainage and the administration of sulfonamids and/or penicillin is discussed.

Paper No. 12:

Cirrhosis of the Liver—Captain A. M. Snell, (MC), U.S.N.R., U. S. Naval Hospital, Oakland.

Increasing knowledge of dietetic and other factors influencing regeneration repair of liver tissue has provided a stimulus for new methods of treatment of cirrhosis. The diagnosis and therapy of the disease will be discussed in the light of some of these recent physiological conceptions. (With slides.)

Paper No. 13:

The Status of the Liver and Its Importance to the Surgeon—Philip J. Cunnane, M.D., 1052 West Sixth Street, Los Angeles.

Estimate of the degree of hepatic damage with clinical tests is not reliable. Functions of the liver are multiple. A remnant of normal hepatic parenchyma readily compensates for the whole. Liver damage, secondary to surgical disease, is usual and often unmeasurable. It should be recognized and treated as a complicating sequence.

Paper No. 14:

Chairman's Address—The Treatment of Cardiospasm by Esophago-gastrostomy—H. Glenn Bell, M.D., University of California Hospital, San Francisco.

Caridospasm is a term frequently used to describe the syndrome in those patients who have more or less characteristic symptoms of dysphagia, regurgitation, and epigastric pain of long duration. This is a report of nine patients treated by esophago-gastrostomy.

PART II—PANEL DISCUSSION ON VASCULAR DISEASES

Paper No. 15:

Recent Contributions to the Abnormal Physiology and Treatment of Hypertension—Myron Prinzmetal, M.D., 2007 Wilshire Boulevard, Los Angeles.

A brief discussion of recent contributions to the physiological disturbances in hypertension will be presented. The effect of kidney extracts, renin, tyrosinase, proteose solutions, thiocyanate, and other substances claimed to be useful in hypertension will be discussed.

Paper No. 16:

The Surgical Treatment of Hypertension—Howard C. Naffziger, M.D., and Francis L. Chamberlain, M.D., University of California Hospital, San Francisco.

The results of twelve years of surgical treatment of hypertension at the University of California Hospital will be presented and discussed. Recent results with the Smithwick procedure will be compared with those of the Peet operation.

Paper No. 17:

The Present Concept of Phlebothrombosis, Thrombophlebitis, and Embolism—Major LeRoy Kleinsasser, (MC), U.S.A., DeWitt General Hospital, Auburn.

The paper consists of a discussion of the technic and indications of sympathetic block, vein ligation, and aspiration of thrombus, phlebography, and a brief discussion of the relative rôle of anticoagulant therapy. The conditions specifically to be considered will be phlebothrombosis, thrombophlebitis, axillary thrombosis, migratory thrombophlebitis, suppurative thrombophlebitis, and chronic deep venous obstruction with lymphedema. The discussion will be accompanied by slides to illustrate cases and procedures. This will consist principally of the experience at the vascular center of the DeWitt General Hospital. (With slides.)

Paper No. 18:

Anticoagulants, Heparin and Dicumarol, Their Indications and Uses—Paul M. Aggeler, M.D., University of California Hospital, San Francisco.

In sufficient dosage the anticoagulant drugs, heparin and dicumarol will effectively prevent the formation of thrombi. They will not dissolve clots already formed, but will limit their further extension and will aid in the prevention of embolization from such thrombi. The danger of hemorrhagic complications limit the usefulness of these drugs.

Second Meeting
Monday Morning, May 7, 1945, at 10:00 a.m.
Meeting Room: Ball Room (Elks Temple)

SYMPOSIUM ON WARTIME MEDICINE

Paper No. 19:

Filariasis—Comdr. Richard B. Schutz, (MC), U.S.

N.R., Santa Margarita Ranch Hospital, Camp Pendleton, Oceanside.

Filariasis, little known in the United States, is a medico-military problem in global war. In the abscence of reinfection it is self-limited, is not expected to become a public health problem, but the characteristic recurrences of symptoms and findings make its differential diagnosis important for physicians caring for veterans.

Paper No. 20:

Aviation Medicine—Captain Louis E. Mueller, (MC), U.S.N., Senior Medical Officer, U. S. Naval Air Training Station, San Diego.

A brief history of the development of Aviation Medicine and the progress made in this field during the present war.

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Business Recess

Business Meeting and Election of Officers

Paper No. 21:

Cardiac Murmurs and Pain—Lt. Comdr. M. B. Filberbaum, (MC), U.S.N.R., U. S. Naval Hospital, Corona.

A discussion of the problem of cardiac murmurs and cardiac pain as related to the military personnel, its significance, differential diagnosis and disposition of the patient.

Paper No. 22:

War-Neuroses—Comdr. Walter Rapaport, (MC), U.S.N.R., U. S. Naval Hospital, Corona.

The problem of war neuroses presents no new questions. As it has been true for decades, the real challenge is to do something about a question which has been with us for many years. The symptoms and diagnoses present no great difficulties which would separate neuropsychiatric conditions found in war from those found in peace. The theories of treatment are many and varied and most have some commendable features. However, the exigencies of military service preclude handling and disposing of military cases in the same way as they can be handled and disposed of in civil life. The problem, therefore, becomes not what a war neuroses is, but what is to be done about it.

II

GENERAL SURGERY SECTION

Meeting Room: Lodge Room (Elks Temple)

H. Glenn Bell, M.D., *Chairman*
University of California Hospital, San Francisco

Leon Goldman, M.D., *Secretary*
University of California Hospital, San Francisco

Eugene J. Joergensen, M.D., *Assistant Secretary*
632 North Brand Boulevard, Glendale

Sunday, May 6, 2:00 p.m.

JOINT MEETING WITH SECTION ON GENERAL MEDICINE

Note.—Titles of Papers, with names of authors and abstracts are printed in the program of the Section on General Medicine, which precedes.

(a) *Panel Discussion of Diseases of the Liver.*
(b) *Panel Discussion of Vascular Diseases.*

Second Meeting

Monday Morning, May 7, 1945, at 10:00 a.m.

Meeting Room: Lodge Room (Elks Temple)

Paper No. 23:

Traumatic Perforation of the Colon Due to Nonpenetrating Abdominal Injury—Lt. Col. W. C. Sheehan, (MC), Chief of Surgical Department, Birmingham General Hospital, Van Nuys.

1. Presenting cases of intestinal perforation, accompanied by other severe injuries due to nonpenetrating abdominal trauma.

2. Cases, presenting unusual and vague symptoms.

3. Interesting problems of differential diagnosis as to systems involved.

4. Decision when to operate, supportive treatment, etc.

Paper No. 24:

The Crush Syndrome — Major Walter Birnbaum, (MC), Chief of Surgical Service, A.S.F. Regional Hospital, Camp Haan.

An old syndrome recently re-recognized during air raids on civilian population. Author's observation of the condition in London. Other instances of the same syndrome where the mechanism of injury was not characteristic; its relation to muscle ischemia and contractures, extra-renal azotemia and "shock"; the possibility of its being overlooked in cases of severe injury. (With slides.)

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Business Recess

Business Meeting and Election of Officers

Paper No. 25:

Pulmonary Resections—John C. Jones, M.D., 1136 West Sixth Street, Los Angeles.

Indications and results from pulmonary resections in carcinoma of the lung, bronchiectasis, lung abscess and tuberculosis, including both lobectomy and pneumonectomy. (With slides.)

Paper No. 26:

Tuberculosis as a Surgical Disease—Lt. Comdr. J. E. Dailey, (MC), U.S.N.R., U. S. Naval Hospital, Corona.

A presentation and discussion of various surgical techniques utilized in the treatment of tuberculosis.

Paper No. 27:

The Treatment of Gunshot Wounds of the Face with Intra-oral Skin Grafts—Lt. Comdr. Michael Gurdin, MC-V(S), U.S.N.R., U. S. Naval Hospital, Oakland.

III
OBSTETRICS AND GYNECOLOGY SECTION

Meeting Room: Ball Room (Elks Temple)

ROY E. FALLAS, M.D., *Chairman*
1930 Wilshire Boulevard, Los Angeles

DANIEL G. MORTON, M.D., *Vice-Chairman*
University of California Hospital, San Francisco

PHILIP A. REYNOLDS, M.D., *Secretary*
1930 Wilshire Boulevard, Los Angeles

Monday, May 7, 2:00 p.m.

Paper No. 28:

Chairman's Address—Roy E. Fallas, M.D., 1930 Wilshire Boulevard, Los Angeles.

SYMPOSIUM ON PSYCHOGENIC FACTORS IN OBSTETRICS AND GYNECOLOGY

Paper No. 29:

The Significance of Psychoanalysis for Gynecology—Ernst Simmel, M.D., 555 Wilcox Avenue, Los Angeles. (By Invitation.)

Psychoanalysis is a dynamic psychology. It studies the total personality and its somatic or mental functional disturbances as a result of the interrelationship between instinctual drives and reality factors, employing in particular its knowledge of the instinctual sources in the unconscious strata of the human mind. This paper deals with the specificity of the female personality, viewing disturbances in the functioning of the reproductive organ system as an expression of mental conflict.

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Business Recess

Business Meeting and Election of Officers

Paper No. 30:

Psychogenic Factors in Gynecology—George E. Judd, M.D., 1930 Wilshire Boulevard, Los Angeles.

This paper will consist of a discussion of gynecological symptoms that have psychogenic factors as a basis of their production.

Paper No. 31:

Psychogenic Factors in Obstetrics—Frances Holmes, M.D., 3780 Wilshire Boulevard, Los Angeles.

A discussion of emotional states accompanying child-bearing, their manifestations, and suggestions regarding management.

Paper No. 32:

The Emergency Maternity Pediatric Program (E.M.I.C.)—Some Observations Thereon—William Benbow Thompson, M.D., 1105 Equitable Building, Hollywood.

Report on procedures in the E.M.I.C. program of the Federal Children's Bureau of the U. S. Department of Labor. Some comment on war neuroses of wives of soldiers and sailors in military service.

IV
EYE, EAR, NOSE AND THROAT SECTION

Meeting Room: Lodge Room (Elks Temple)

WALTER R. CRANE, M.D., *Chairman*
1026 Roosevelt Building, Los Angeles

PIERRE VIOLE, M.D., *Vice-Chairman*
1930 Wilshire Boulevard, Los Angeles

LEWIS F. MORRISON, M.D., *Secretary*
490 Post Street, San Francisco

Monday, May 7, 2:00 p.m.

Paper No. 33:

Retinal Changes Associated with Diabetes (with slides)—Samuel Aiken, M.D., 384 Post Street, San Francisco.

A review of diabetic retinopathy with special reference to the newer concepts of the factors concerned with its development. The stages of the condition will be illustrated with fundus photographs. (With films.)

Discussion by Samuel Abraham, M.D., Los Angeles.

Paper No. 34:

Present Status of the Lempert Operation—Robert C. Martin, M.D., 384 Post Street, San Francisco.

The history and development of the Fenestration Operation. The types of cases which are suitable for operation. The average results obtained from properly trained, skilled operators and a discussion of factors as yet unknown including the arrest of the process on the operated ear and the duration of the results if the fenestrum remains open.

Discussion by Howard House, M.D., Los Angeles.

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Business Recess

Business Meeting and Election of Officers

Paper No. 35:

Corneal Transplantation—C. H. Albaugh, M.D., 727 West Seventh Street, Los Angeles.

Corneal transplantation should now be in the surgical armamentarium of every practicing ophthalmologist. Indications, contraindications, and the Castroviejo technique will be discussed. A moving picture in color will be used to demonstrate the technique used in a case of keratoconus. (With films.)

Discussion by Martin I. Green, M.D., San Francisco.

Paper No. 36:

Recent Advancements in the Treatment and Care of the Deafened: Report on the New California State Program for Conservation of Hearing—W. D. Currier, M.D., 65 N. Madison Avenue, Pasadena.

This paper will attempt to answer the age-old question, "What shall I do with the deafened patient?" The hard of hearing child will be especially discussed. A résumé will be made concerning modern concepts of treatment. A discussion will be given relative to the new California State program for conservation of hearing.

Discussion by Warren H. Gardner, Ph.D., State Department of Public Health.

Paper No. 37:

Amblyopia Ex Anopsia in the Armed Forces—Captain George E. Morgan (MC), U.S.A., A.A.F. Regional Hospital, March Field, Riverside.

A detailed analysis of eighty cases of Amblyopia Ex Anopsia found in the Armed Forces was reported. In a case history taken on each of these cases an attempt has been made to determine the type of treatment which a patient has received and the age at which it was initiated. Reference is made to a group of amblyopic cases treated in children and a correlation between these two groups to determine what percentage of improved visions could have been obtained under early and proper treatment. (With slides.)

Discussion by John Lordan, M.D., Los Angeles, and Loris L. Henry, M.D., Pasadena.

Paper No. 38:

The Use of Products of Fibrinogen and Thrombin in Otolaryngology—Captain Harry P. Schenck (MC), U.S.N.R., Santa Margarita Ranch Hospital, Oceanside.

Fibrinogen, used with a solution of thrombin, finds a wide range of usefulness in otolaryngologic surgery. These products of human plasma fractionation, wholly composed of proteins native to human blood plasma, provide an absorbable hemostatic agent which induces minimal tissue reaction. While in no way replacing the orthodox methods of providing hemostasis in arterial hemorrhage, they are an important supplemental hemostatic agent in mastoid and sinus surgery.

Discussion by Madeleine Fallon, M.D., Los Angeles.

V
ANESTHESIOLOGY SECTION

Meeting Room: Second Floor (County Society)

C. Eugene Schuetz, M.D., *Chairman*
6253 Hollywood Boulevard, Hollywood

Charles J. Betlach, M.D., *Secretary*
3023 Serena Road, Santa Barbara

Sunday, May 6, 2:00 p.m.

Paper No. 39:

Chairman's Address—Lumbosacral Subarachnoid Block—C. Eugene Schuetz, M.D., 6253 Hollywood Boulevard, Hollywood.

A brief history of its early use. Preparation of the patient, including medication and position. Technique in detail of the injection. Indications and contraindications. Other uses of this approach are given. Results of one hundred cases reported.

Paper No. 40:

Regional Anesthesia in Military Practice—Captain John F. Rhodes (MC), U.S.A., Letterman Hospital, San Francisco.

The application of regional anesthetic methods and agents to military personnel and under military conditions is covered. Emphasis is placed on the technique of brachial plexus block and regional blocks of the lower extremity.

Business Recess

Business Meeting and Election of Officers

Paper No. 41:

Cardiac Pathology as Related to Anesthesia—Major Gordon C. Langsdorf (MC), U.S.A., DeWitt General Hospital, Auburn.

A review of cardiac disease and complications as related to anesthesia for surgical operations with a brief outline of their management during the preoperative, operative, and postoperative periods.

Paper No. 42:

The General Visceral Afferent System and Its Relation to Anesthesia—Lieutenant V. H. Kuenkel (MC), U.S.A., Letterman Hospital, San Francisco.

This paper reviews the origin, development, and anatomical distribution of the fibers of the visceral afferent system, describing their relation to peripheral and autonomic nervous systems. Included is a description of the levels at which these fibers enter the central nervous system and the techniques used in temporarily interrupting them.

Paper No. 43:

Methedrine as a Vaso-Constrictor in Spinal Anesthesia—B. M. Anderson, M.D., Samuel Merritt Hospital, Oakland.

Three vaso-constrictors were used in a series of 450 consecutive unselected spinal anesthesias. Their effectiveness in controlling blood pressure is evaluated and the conclusion is drawn that methedrine has some superiority over the other two agents.

Paper No. 44:

High Segmental Spinal Anesthesia for Caesarean Section—S. W. Sensiba, M.D., 930 Fourteenth Street, Santa Monica.

In Caesarean sections it is desirable to deliver babies with unhampered respiration, and to protect the mother as much as possible against complications incident to pregnancy. Blocking a few segments, producing band anesthesia of the trunk, disturbs physiologic support so little that these objectives are more easily attained.

Discussion by John Hutton, M.D., Portland, Oregon.

VI
DERMATOLOGY AND SYPHILOLOGY SECTION

Meeting Room: Second Floor (County Society)

John L. Fanning, M.D., *Chairman*
1127 Eleventh Street, Sacramento

Clement E. Counter, M.D., *Vice-Chairman*
117 East Eighth Street, Long Beach

Otto P. Diederich, M.D., *Secretary*
1214 Mattei Building, Fresno

Monday, May 7, 9:00 a.m.

Paper No. 45:

Chairman's Address—Common Recalcitrant Dermatoses—John L. Fanning, M.D., 1127 Eleventh Street, Sacramento.

Paper No. 51:

The Corneal and Pharyngeal Reflex in Dermatological Diagnosis—William Mulvehill, M.D., 153 South Lasky Drive, Beverly Hills.

An investigation into the occurrence of a corneal and pharyngeal reflex in various groups of hospital and clinic patients as well as groups of physically and mentally normal university students. The subjects of this study are classed as to age and sex. Roughly, a pathological classification is made. Included also is a group of patients from the psychopathic wards. The purpose of this study is to determine what the incidence of corneal and pharyngeal reflex is in normal individuals and those suffering from various diseases and whether this sign can be an aid in the diagnosis of such conditions as factitial dermatitis or neurogenous excoriation.

VII

INDUSTRIAL MEDICINE AND SURGERY SECTION

Meeting Room: Rotunda Room (Elks Temple)

FLOYD F. THURBER, M.D., *Chairman*
6065 Hollywood Boulevard, Los Angeles

JOHN E. KIRKPATRICK, M.D., *Vice-Chairman*
516 Sutter Street, San Francisco

RICHARD J. FLAMSON, M.D., *Secretary*
523 West Sixth Street, Los Angeles

Sunday, May 6, 2:00 p.m.

Paper No. 52:

An Evaluation of Methods of Treatment of Compound Fractures in the Shaft of the Femur—Lt. Col. Ralph Soto-Hall (MC), A.U.S., and Lt. Col. Thomas Horwitz (MC), A.U.S., Sixth Service Command, Chicago.

A study of end results of 163 fractures of the femur treated by various methods, including a large number of secondary closures. Conclusions as to the factors leading to successful delayed closure and to those methods of treatment which result in the best function. (With slides.)

Paper No. 53:

Surgery of Over 5,000 Fracture Cases Treated in the Richmond Shipyards—C. C. Cutting, M.D., Permanente Foundation Hospital, Oakland.

The fractures treated by the staff of the Permanente Foundation Hospital during two and one-half years are classified as to incident and site, with statements regarding the general trends of specific treatment and management.

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Business Recess

Business Meeting and Election of Officers

Paper N.o 54:

Fractures of the Carpal Scaphoid—Major Robert E. Hastings (MC), A.U.S., Santa Ana Army Air Base, Santa Ana.

(No abstract submitted.)

Paper No. 55:

Simple Fractures of Both Bones of the Lower Leg—Samuel Matthews, M.D., 1913 Wilshire Boulevard, Los Angeles.

A discussion on recurrent dermatitis of fingers and hands, recurrent Acne Vulgaris, Lichen Planus, etc., with some clinical ideas on biologic and physical agents in treatment.

Paper No. 46:

The Diagnosis of Early Lepromatous and Neural Leprosy—Harry L. Arnold, Jr., M.D., The Clinic, Honolulu 53, Hawaii.

Lepromatous leprosy is characterized by granulomatous skin lesions, abundant bacilli, variable nerve lesions, and a progressive downhill course. Neural leprosy is characterized by hypopigmented and sarcoid-like skin lesions, scanty bacilli, variable nerve lesions, and a tendency to spontaneous arrest and healing. These forms are distinguished in practice by a search for bacilli and, if bacilli are abundant, biopsy.

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Business Recess

Business Meeting and Election of Officers

Paper No. 47:

Penicillin in the Treatment of Early Syphilis—Charles W. Barnett, M.D., Stanford University Hospital, San Francisco.

The results of the treatment of approximately 100 cases of primary and secondary syphilis are described, the longest post treatment period of observation being a year and a half. Various schemes of treatment are discussed and the limited literature is summarized.

Paper No. 48:

Delusions of Parasitosis (Acarophobia)—J. Walter Wilson, M.D., 2007 Wilshire Boulevard, Los Angeles; and Hiram E. Miller, M.D., 384 Post Street, San Francisco.

The paper sets forth reasons for the adoption of an improved name for this symptom complex, gives a résumé of the differential diagnosis of the psychiatric conditions in which it occurs and offers a guide to the dermatologist in treating such patients. The pertinent literature is reviewed and all of the recorded cases are tabulated, together with more detailed accounts of seven hitherto unpublished cases of the authors.

Paper No. 49:

Tyrothricin in Skin Infections—Harold E. Anderson, M.D., 117 East Eighth Street, Long Beach.

A review of some of the literature concerned with the bactericidal agent, tyrothricin, is presented. Clinical and bacteriological experiences are included.

Paper No. 50:

Seborrhea—Psoriasis and Related Diatheses—Hal E. Freeman, M.D., 117 East Eighth Street, Long Beach.

This paper will give the author's concept of various conditions called "seborrhea" and opinions regarding seborrhea-psoriasis on the coast. The discussion of diagnosis and treatment will be from the point of view of practicable office procedure. Adequate Kodachrome slides will be presented illustrating the conditions and their different diagnoses.

The purpose of this paper is to present a series of simple fractures involving both bones of the lower leg which have been treated by internal fixation or by conservative methods; analysis of their period of hospitalization; period of disability; and what per cent went on to nonunion.

Paper No. 56:

Bone Grafting in Compound Fractures with Nonunion—Lt. Col. Richard B. McGovney (MC), Chief Orthopedic Section, Birmingham General Hospital, Van Nuys.

This paper deals with the indications, technique, preoperative and postoperative conditions in thirty fractures of the extremities with nonunion treated by bone grafting. Preoperative treatment from time of injury to bone grafting is described. Points in surgical technique that are stressed are: adequate exposure, careful removal of fibrous and scar tissue and avascular bone, functional alignment, preparation of the graft bed, rigid fixation by metal plates and screws, generous use of cancellous bone in remaining defects, and bone end drilling. Illustrations are by lantern slides of pre- and post-operative conditions. (With films.)

Paper No. 57:

Low Back Pain: Neurological Considerations—George H. Patterson, M.D., 1052 West Sixth Street, Los Angeles.

Diagnosis, treatment, operative findings, advisability of accompanying fusion, end results.

Paper No. 58:

Treatment of Post Traumatic Quadriceps Contracture—Albert H. Rodi, M.D., 1136 West Sixth Street, Los Angeles.

(No abstract submitted.)

VIII
NEUROPSYCHIATRY SECTION

Meeting Room: Parlor A, 4th Floor (Elks Temple)

CLARENCE WILMOT OLSEN, M.D., *Chairman*
1136 West Sixth Street, Los Angeles

HERBERT E. CHAMBERLAIN, M.D., *Secretary*
P. O. Box 933, Sacramento

Monday, May 7, 10:00 a.m.

Paper No. 59:

Chairman's Address—The Effect of Cerebral Vascular Accidents on the State of Consciousness—Clarence W. Olsen, M.D., 1136 West Sixth Street, Los Angeles.

The following questions are considered: How do focal and widespread disturbances of cerebral circulation affect the state of consciousness? Of what localizing value is partial or complete loss of consciousness accompanying cerebral vascular accidents?

Paper No. 60:

A Critical Appraisal of the Mental Examination in State Hospitals—Joseph Perlson, M.D., Patton State Hospital, Patton.

The formal mental examinations in state hospitals are mainly historical and descriptive, and often present no understanding or knowledge about the patient. They are done at the convenience of the examiner and mostly for his gratification. Therefore, they could well be eliminated. The real issues are masked by emphasizing minutiae, and little therapeutic use is or can be made of them. It may hamper the study of psychogenesis. The keynote of psychotherapy should be socialization. Short, informal interviews in patient's hospital environment offers greatest possibilities. Success follows any well-administered method of psychological stimulation.

Business Recess

Business Meeting and Election of Officers

Paper No. 61:

Introspection and the Orbital Cortex—J. M. Nielsen, M.D., 727 West Seventh Street, Los Angeles.

Physiologically speaking, man is above all animals by virtue of his capacity for self analysis. Anatomically, the one structure which is far more developed in man than even in the highest anthropoids is the orbital cortex. Experimentally, the work of Freeman and Watts and clinically the work of Kleist both corroborate this correlation. Obsession with self is lost when the orbital cortex is anatomically separated from its connections with the basal ganglia. (With slides.)

Paper No. 62:

Subdural Hydroma: A Cause of Morbidity After Head Injury—William T. Grant, M.D., 1136 West Sixth Street, Los Angeles.

Collection of fluid between dura and arachnoid has been found to account for persisting, disabling symptoms after a head injury. Lumbar puncture or encephalography may yield suggestive or even confirmatory evidence of such a diagnosis. The severity of symptoms and the effectiveness of drainage by trephination seem to warrant presentation of collected cases. (With slides.)

Paper No. 63:

The Problem of Alcoholism—Paul Gliebe, M.D., University of California Hospital, San Francisco.

It is generally conceded that present methods for the treatment and rehabilitation of the alcoholic addict are unsatisfactory. The apparent success and growth of the Alcoholic Anonymous movement is discussed and an attempt is made to interpret the dynamic principles underlying their beliefs and teachings.

Paper No. 64:

Management of Ambulatory Psychiatric Patients at the Langley-Porter Clinic—Portia Bell Hume, M.D., Langley-Porter Clinic, The Medical Center, San Francisco.

The treatment of both psychotic and non-psychotic patients, including children and adults, on an outpatient basis, together with methods of investigation and followup of discharged in-patients.

Paper No. 65:

Psychosomatic Aspects of Headaches—Douglas Campbell, M.D., 2250 Pacific Avenue, San Francisco.

(No abstract submitted.)

IX

PATHOLOGY AND BACTERIOLOGY SECTION

Meeting Room: Parlor A, 4th Floor (Elks Temple)

JAMES F. RINEHART, M.D., *Chairman*
University of California Hospital, San Francisco

JAMES B. MCNAUGHT, M.D., *Vice-Chairman*
2398 Sacramento Street, San Francisco

R. H. OSBORNE, M.D., *Secretary*
312 North Boyle Avenue, Los Angeles

ALVIN J. COX, JR., M.D., *Assistant Secretary*
2398 Sacramento Street, San Francisco

Monday May 7, 2:00 p.m.

Paper No. 66:

Chairman's Address—Studies in Thiamin Metabolism—James F. Rinehart, M.D., and L. D. Greenberg, M.D., University of California Hospital, San Francisco.

Sensitive methods for determination of the thiamin content of blood and tissues have been developed in our laboratory.

Controlled studies are reported on experiments with rats and monkeys which indicate that the concentration of thiamin in blood parallels that of tissues and reflects the intake. It is expected that estimation of blood thiamin in man will be a useful procedure in detection of thiamin deficiency. Observations on the myocardial lesion of thiamin deficiency in the rhesus monkey are reported.

Paper No. 67:

Lymphosarcoma. A Case Report—Howard A. Ball, M.D,. San Diego County Hospital, San Diego.

The patient was under observation almost continuously for a period of two and one-half years during which time numerous differential blood studies were made. The difficulties in diagnosis and the attempt to correlate the blood picture with the radiotherapy administered, together with post mortem observations, will constitute the report.

Discussion by Louisa E. Keasby, M.D., Los Angeles (by invitation).

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Business Recess

Business Meeting and Election of Officers

Paper No. 68:

Pathology in China—Charles L. Dale, M.D., 312 North Boyle Avenue, Los Angeles.

Observations on diseases occurring among Chinese refugees in the first years of the Sino-Japanese War. A comparison is made of certain degenerative diseases as seen in America, with the occurrence of the same lesions in the Chinese refugees.

Discussion by Hugh Edmondson, M.D., Los Angeles.

Paper No. 69:

Variations in Stomach Size—Alvin J. Cox, M.D., 2398 Sacramento Street, San Francisco.

A study of 100 stomachs shows marked variation in size and weight not explained by variations in body size. Some relationships to other conditions will be discussed.

Discussion by Ernest Hall, M.D., Los Angeles.

Paper No. 70:

Anatomical Demonstration of the Anovulatory Menstrual Cycle—Gert L. Laqueur, M.D., 2202 California Street, San Francisco.

A 12-year-old girl had menstruated regularly at normal intervals four times before sudden death from cerebral hemorrhage. The ovaries contained only one corpus luteum, although there were several atretic follicles and one thecal cyst.

Discussion by Angus Wright, M.D., Los Angeles.

Paper No. 71:

Clonorchiasis with a Case Report—James B. McNaught M.D., 2398 Sacramento Street, San Francisco.

A Chinese male, who had lived in the United States for 24 years, died two and a half months after a hemipelvectomy. A week prior to death, he became jaundiced. At autopsy, many hundreds of liver flukes (Clonorchis sinensis) were found in the bile ducts. These had undoubtedly been present for at least 24 years.

Discussion by Roy W. Hammack, M.D., Los Angeles.

Paper No. 72:

Morphological Effects of Abortifacient Pastes—A Clinical and Experimental Study—Reuben Straus, M.D., Cedars of Lebanon Hospital, Los Angeles.

At medical-legal autopsy histologic examination of the uterus of a woman aborted with an abortifacient paste, revealed an unusual lesion. The specificity of this lesion for the abortifacient paste was confirmed by an experimental study of its effects on uteri of pregnant rats and rabbits, together with in vitro tests.

Discussion by Edward M. Butt, M.D., Los Angeles.

Paper No. 73:

A Simplified Procedure for Erythrocyte Fragility—Reuben Straus, M.D., Cedars of Lebanon Hospital, Los Angeles.

The routine technique for erythrocyte fragility in standard textbooks of clinical pathology is relatively time-consuming. A simplified procedure is presented.

Paper No. 74:

The Histogenesis of Gitter Cells—William B. Dublin, M.D., 615 South Westlake Avenue, Los Angeles.

Gitter cells were previously thought to arise from the microglia. Recent work by Bagenstoss, Kernohan, and the writer has shown that most of them probably arise by proliferation of endothelium of small vessels and of adventitial cells. Experimental work on rabbit brain is here reported. Several illustrative lantern slides.

Discussion by C. B. Courville, M.D., and Clemson Marsh, M.D., Los Angeles.

Paper No. 75:

The Inverse Relation of Nuclear and Cytoplasmic Function—William B. Dublin, M.D., 615 South Westlake Avenue, Los Angeles.

Various authors have reported a daily rhythm of mitotic activity which varies in different animals. Blumenfeld showed that this rhythm is a function of individual organs. The writer is able to furnish a factual basis for the theory that nuclear and cytoplasmic functions lie in inverse proportion. Studies of endometrial glands are reported with illustrative lantern slides.

Paper No. 76:

The Kahn Verification Test—Rawson J. Pickard, M.D., 520 E Street, San Diego.

Mass blood testing has been the cause of many embarrassing false positive reactions. The verification test has in nearly all cases given a clear distinction between true syphilitic reactions and the general biologic reaction frequent after bacterial infections and in various conditions. False positives can be detected immediately by a simple test.

Paper No. 77:

Acute Epidemic Hepatitis: With Report of a Case of Spontaneous Rupture of the Spleen—Lt. Comdr. David A. Wood MC(S), U.S.N.R., U. S. Naval Hospital, Oakland.

Five cases of epidemic hepatitis from naval personnel in the San Francisco Bay area are presented. Four were acute and one subacute. The majority presented unique clinical manifestations—acute pachymeningitis hemorrhagica interna, hemorrhages in the mid brain with decerebrate rigidity, spontaneous rupture of the spleen and fatal hemoperitoneum. All the cases were endemic in their occurrence, although a fellow mate of the corpsman whose spleen spontaneously ruptured also developed a rapidly progressive, fatal jaundice.

Paper No. 78:

Unusual Cases of Leukemia—Captain Albert M. Snell MC(S), U.S.N.R.; Lt. Comdr. David A. Wood MC(S), U.S.N.R.; Lt. Comdr. Louis H. Dyke, Jr. MC(S), U.S.N.R.; and Bruce L. Canaga, Jr. (MC), U.S.N., U. S. Naval Hospital, Oakland.

Twelve cases of leukemia studied in the past year present a number of interesting and unusual features. Many of these cases were atypical and emphasize difficulties frequently encountered in establishing the diagnosis of leukemia especially when the peripheral blood shows a persistent "aleukemic" phase. One case persistently manifested typical finding of lymphocytic leukemia in the peripheral blood, yet at autopsy failed to show positive evidence of leukemia in the hematopoietic tissues. Two cases developed white blood counts as low as 350 which they maintained for as long as five days with eventual temporary remission. The rôle of penicillin in tiding such patients over the "critical" period is alluded to clinically. One case of lymphocytic leukemia simulated Hodgkin's Disease until rather late in its course when classical leukemic changes finally appeared in the peripheral blood. Lymphocytic leukemoid reaction and bizarre lymphocytic changes seen occasionally in patients under "sulfa" therapy is discussed. Fatal hemoperitoneum occurred in one case of myelogenous leukemia coincidental with peritoneoscopy examination. (With slides.)

X
PEDIATRIC SECTION

Meeting Room: Ball Room (Elks Temple)

HOWARD R. COOPER, M.D., *Chairman*
3875 Wilshire Boulevard, Los Angeles

CHARLES W. LEACH, M.D., *Secretary*
2000 Van Ness Avenue, San Francisco

CHESTER I. MEAD, M.D., *Assistant Secretary*
1930 Truxton Avenue, Bakersfield

Sunday, May 6, 2:00 p.m.

Paper No. 79:

Anoxia of the New-Borne—Frederick A. Fender, M.D., Stanford University Hospital, Clay and Webster Streets, San Francisco.

This paper has to do with anoxia with particular reference to predisposing causes during labor and also some notes regarding epilepsy as associated with it.

Paper No. 80:

Anomalies in Infants Following Rubella in Mother During Pregnancy—John J. Prendergast, M.D., 2001 Fourth Avenue, San Diego.

This paper deals with the subject of congenital cataracts in infants whose mothers have had German measles in pregnancy. There will also be a description of the type of cataracts observed. (With slides.)

Discussion by Carl Erickson, M.D., Pasadena, and Comdr. S. J. Winter, (MC), U.S.N.R., San Diego.

Business Recess

Business Meeting and Election of Officers

Paper No. 81:

Proctologic Problems of the Pediatrician—Edwin F. Patton, M.D., 267 South Beverly Dr., Beverly Hills.

An outline of rectal conditions frequently met in pediatric practice, not serious enough to require reference to a proctologist, with suggestions as to office management. (With slides.)

Paper No. 82:

Coronary Heart Disease: A Cause of Sudden Death in Children—David Davis, M.D., 9269 Brighton Way, Beverly Hills.

Two cases are presented illustrating Congenital Anomalies of the Coronary vessels resulting in sudden death. The literature is briefly reviewed and a classification of Coronary heart disease in children is offered.

It is suggested that Coronary heart disease be considered in all cases of Idiopathic Cardiac Hypertrophy in infants, and that the Coronary vessels be investigated in all cases of sudden death in childhood.

Paper No. 83:

Results of Bronchoscopy in Atelectasis of New-Borne Infants—Harold Owens, M.D., 1136 West Sixth Street, Los Angeles.

A brief summary of results will be given of cases of new-borne atelectasis treated by bronchoscopic aspiration and the indications for this procedure will be discussed.

XI
RADIOLOGY SECTION

Meeting Room: Rotunda Room (Elks Temple)

EARL R. MILLER, M.D., *Chairman*
University of California Hospital, San Francisco

JAMES B. IRWIN, M.D., *Secretary*
1831 Fourth Avenue, San Diego

Monday, May 7, 10:00 a.m.

Paper No. 84:

A Roentgen Study of Chronic Pulmonary Coccidioidomycosis with Special Reference to Persistent Primary Infections—Major Horace Jamison (MC), A.U.S., Santa Ana Army Air Base, Santa Ana.

The evolution of 96 coccidioidal pulmonary infections which persisted for months or years following the initial acute phase of the disease is discussed according to predominant roentgen manifestation: (1) Persistent pneumonitis. (2) Nodular parenchymal lesions. (3) Cyst-like cavities. (4) Mediastinal and hilar adenopathy. (5) Pleural effusion. Factors influencing dissemination are briefly discussed.

Paper No. 85:

War Chest Injuries—Lt. Comdr. Joseph P. O'Connor (MC), U.S.N.R., and Lieut. Henry L. Jaffe (MC), U.S.N.R., U. S. Naval Hospital, San Diego.

The radiographic and surgical considerations of a group of 165 chest casualties received from the Pacific Combat zone will be presented. Lantern slides of chest roentgenograms of these patients will be shown to illustrate the various types of war chest injuries and their complications.

The surgical management of hemothorax, empyema, fibrothorax and intra-thoracic foreign bodies will be discussed. (With slides.)

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Business Recess
Business Meeting and Election of Officers

Paper No. 86:

Photofluorography and Chest Diagnosis—David T. Proctor, M.D., 65 North Madison Avenue, Pasadena.

(No abstract submitted.)

Paper No. 87:

Aberrant Pancreas—Major Arthur J. Present (MC), A.U.S., Hoff General Hospital, Santa Barbara.

The finding of intramural or intraluminal defects in the antrum of the stomach due to this rather unusual condition in two cases with symptoms referable to the lesion makes their recognition important in the differential diagnosis of prepyloric lesions.

Paper No. 88:

Amebiasis: Its Roentgenologic Manifestations—Lt. Comdr. John D. Camp (MC), U.S.N.R., U. S. Naval Hospital, Oakland.

This discussion concerns the roentgenologic manifestations of amebiasis as observed in two large naval hospitals during the past three years. The fact that serious complications of this disease may masquerade without recognition of the underlying cause indicates the need for greater familiarity with its roentgenologic features. Roentgenologic changes observed in amebiasis involving the gastrointestinal tract, liver, and chest will be presented, together with pertinent clinical data.

XII
UROLOGY SECTION

Meeting Room: Second Floor (County Society)

PAUL A. FERRIER, M.D., *Chairman*
65 North Madison Avenue, Pasadena

DUDLEY P. FAGERSTROM, M.D., *Secretary*
710 Medico-Dental Building, San Jose

Section Aides:
PHILIP POTAMPA, M.D., Los Angeles
EARL NATION, MD., Pasadena

Monday, May 7, 2:00 p.m.

Paper No. 89:

Chairman's Address—Citizen Urologist—Paul A. Ferrier, M.D., 65 North Madison Avenue, Pasadena.

We have a heritage of freedom. What price medical regimentation? A consideration of the effect on quality of service and medical progress.

Paper No. 90:

Perinephritic Abscess Secondary to Renal Infection—Albert M. Meads, M.D., 251 Moss Avenue, Oakland.

The clinical symptoms arising from the acute and chronic forms of perinephric infections are contrasted. The latter type is usually secondary to renal infection, developing insidiously under cover of the original renal symptoms. Diagnosis is often thus delayed until extensive damage is done. Illustrative cases are presented. (With slides.)

Discussion by Adolph Kutzmann, M.D., Los Angeles.

✚

Business Recess
Business Meeting and Election of Officers

Paper No. 91:

Submucous Cystitis—Roger W. Barnes, M.D., 1216 Wilshire Boulevard, Los Angeles.

Submucous cystitis, or Hunner Ulcer, is a distressing disease to both the patient and the physician. The object of treatment is to increase the blood supply to the bladder mucosa and to increase the bladder capacity and prevent tonic contracture of the bladder. Therapy following these principles and which has been successful in relieving symptoms in 95 per cent of cases is given. A summary of 60 cases given this treatment is presented. (With slides.)

Discussion by Tracy Powell, M.D., Los Angeles.

Paper No. 92:

Enuresis in the Adult Male—Major Burton L. Stewart (MC), U.S.A., Pasadena Regional Hospital, 425 South Grand Avenue, Pasadena.

A consideration of this condition as encountered in a large military service, with a rationale as to etiology, pathology and a proper approach to cure.

Discussion by James L. Bray, M.D., Los Angeles.

Paper No. 93:

Transurethral Treatment of Bladder Tumors—Thomas L. Schulte, M.D., 909 Hyde Street, San Francisco.

The facility with which the cystoscopic treatment of bladder tumors can be employed, its low rate of morbidity and mortality, and its statistical end results are all factors which strongly endorse it as the preferred method of treatment. (With films.)

Discussion by Theodore Bergman, M.D., Los Angeles.

Paper No. 94:

Tumor and Cyst of the Urachus: Case Report—Robert J. Prentiss, M.D., 611 Medico-Dental Building, San Diego.

This patient presented the usual symptoms of hematuria. Cystoscopic findings were very suggestive. Biopsy revealed the tumor to be adenocarcinoma. The case is reviewed, with two others, and is recorded because of the rarity of the disease. (With slides.)

Discussion by A. J. Scholl, M.D., Los Angeles, and Lyle G. Craig, M.D., Pasadena.

Paper No. 95:

The Cherney Incision as Applied to the Surgery of the Bladder and Lower Ureter—Donald R. Smith, M.D., 384 Post Street, San Francisco.

This low transverse abdominal incision affords exceptional exposure for extensive surgery of the bladder and is peculiarly suited to ureterolithotomy for juxtavesical stone. (With slides.)

Discussion by Samuel K. Bacon, M.D., Hollywood.

XIII
PUBLIC HEALTH SECTION

Meeting Room: Retunda Room (Elks Temple)

J. C. Geiger, M.D., *Chairman*
101 Grove Street, San Francisco

George M. Uhl, M.D., *Vice-Chairman*
116 Temple Street, Los Angeles

Dwight M. Bissell, M.D., *Secretary*
City Hall, San Jose

Monday, May 7, 2:00 p.m.

Paper No. 96:

Chairman's Address—Public Health Bacteriology—J. C. Geiger, M.D., 101 Grove Street, San Francisco.

Bacteriology and its allies (Serology, Immunology, Mycology, Parasitology and Virology) cease to become separate entities and merge under the larger field—Medicine.

There are three general ways in which the relationship between physicians and public health laboratories of tomorrow will be strengthened:

First—From these laboratories will come information which will give us a stronger hold on our knowledge of the etiology of infections.

Second—We must not overlook the fact that technical improvements in the laboratories are likely to have an influence on medical practice and public health.

Third—A change in attitude. The increasing complexity of our existence is forcing specialization, whether or not we approve, and the burden of technical knowledge of the laboratory will be turned over to technicians and end the pretense of expert knowledge by physicians.

The relationship between the physician, the epidemiologist and the laboratory will improve with better coördination of effort.

It may be admitted that in our own brief lives we have become aware of the basic medical discoveries that have been made for increasing the life span and the happiness of mankind.

Paper No. 97:

Public Health and Preventive Aspects of Streptococcic Infections—Lowell A. Rantz, M.D., Stanford University School of Medicine, San Francisco.

The natural history of hemolytic streptococcal respiratory disease has been poorly understood. Recent investigation indicates that rheumatic fever is only part of a complex pathological process which is frequently initiated by infection by these organisms.

The control of rheumatic fever and the heart disease which frequently follows it, is intimately related to the elimination of infection by hemolytic streptococci. The rôle of the spread of disease by direct contact and by airborne bacteria must be considered.

Possible preventive measures include the reduction of exposure of susceptible individuals by isolation of infected persons and carriers, the elimination of the carrier state by chemotherapy, and the sterilization of the air by physical and chemical techniques. Another approach lies in the prevention of tissue invasion by streptococci by chemoprophylaxis and immunization. The potential value of each of these methods will be discussed critically.

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Business Recess

Business Meeting and Election of Officers

Paper No. 98:

Public Health Aspects of Rheumatic Fever in Naval Installations on the Pacific Coast—Comdr. R. F. Solley (MC), U.S.N.R., U. S. Naval Hospital, Corona.

(1) Epidemiology in relation to streptococcal respiratory tract infections; (2) Pathogenesis of Rheumatic Fever and its significance; (3) Importance of obscure, delayed or late manifestations of the disease; and (4) Group rehabilitation of Rheumatic Fever patients.

Paper No. 99:

Recent Observations on Virus Pneumonia—Monroe Eaton, M.D., 1392 University Avenue, Berkeley.

Several viruses may cause pneumonia in man, but

the most prevalent form of the disease called primary atypical pneumonia is probably of uniform etiology. A new virus transmissible to cotton rats, hamsters, and chick embryos has been isolated from both mild and severe cases and the majority of serums obtained from patients convalescing from the disease were shown to contain specific neutralizing antibodies for this virus. The use of the cold agglutination reaction and other serological tests as diagnostic aids will be discussed. Virus pneumonia caused by the psittacosis-ornithosis group is a relatively rare disease having clinical and epidemiological characteristics which differ from the more prevalent primary atypical pneumonia. The pathological findings in pneumonias caused by different viruses are not distinctive. (With slides.)

Paper No. 100:

Modernization of Quarantine Regulations for the Prevention of the Transmission of Tropical Diseases to the United States—Captain Thomas B. Magath MC(S), U.S.N.R., Bureau of Medicine and Surgery, Navy Department, Washington, D. C.

A brief review will be presented of the background of quarantine procedures with special reference to those which relate to air traffic. The result of preventive medicine in military forces will be discussed and its effect on quarantine practices. Finally a code of regulations will be outlined designed to simplify the proceedings of entrance into a country through quarantine, taking advantage of newer knowledge of diseases and the methods of dissemination and prevention. (With slides.)

MILITARY FILMS

Lodge Room, Elks Temple, corner West Sixth Street and Park View

A series of military films, restricted, showing work of medical services in action have been secured through the courtesy of the military authorities.

These films will be shown on Sunday evening, May 6, in the Lodge Room of the Elks Temple. Films will be displayed between the hours of 8:00 and 10:00 p.m. C.M.A. members and their families are invited to view these films. No tickets of admission required.

Films listed for presentation include the following:

FB-147—"Medical Service in the Jungle" (20 min.).

FB-146—"Medical Service in the Invasion of Normandy" (22 min.).

TF 8-2090—"Ward Care of Psychotic Patients" (38 min.).

TF 8-1378—"Clinical Malaria" (25 min.).

COMMITTEE ON LOCAL ARRANGEMENTS

Executive Group

E. T. Remmen, Chairman

Louis G. Regan — George H. Kress, ex-officio

Ralph B. Eusden — S. K. Cochems

The Committee on Scientific Work arranged to use the facilities of the Elks Temple and the Los Angeles County Medical Association headquarters. Publicity concerning the programs was given in the *"Bulletin of the Los Angeles County Medical Association."*

Respectfully submitted,

E. T. Remmen, *Chairman.*

CHAPTER V

RE: COMPULSORY HEALTH INSURANCE BILLS PENDING IN 1945 CALIFORNIA LEGISLATURE (56TH SESSION)

CALIFORNIA AND WESTERN MEDICINE for January, 1945, on pages 1-4 and 25-40 presented informative comments and items dealing with proposed Sickness Insurance laws for California.

In the issue of February, on pages 51-53 and 64-92 the items were continued as Chapter II of the series.

In the March number of CALIFORNIA AND WESTERN MEDICINE the sequence appeared as Chapter III, pages 123-126.

Chapter IV had place in the April number, on pages 188-198.

In the present number of CALIFORNIA AND WESTERN MEDICINE the sequence is given as Chapter V. (See pages 276-289.)

* * *

Indexes of Health Insurance Items

Indexes appear on the following pages:

Month	*Page*	*Items*
January (Chapter I)	40	I-XXVI
February (Chapter II)	64	I-LX
March (Chapter III)	123	I-XXX
April (Chapter IV)	188	I-XX

INDEXES: SICKNESS INSURANCE ITEMS

(The *index* of "Chapter I" of Sickness Insurance items, appeared in CALIFORNIA AND WESTERN MEDICINE, for January, on page 40. The *index* of "Chapter II," appeared in the February issue, on page 64. "Chapter III" *index*, on page 123 of March issue; "Chapter IV" *index*, on page 188 of April issue. What follows, is the *index* for "Chapter V.")

No. of Item	Nature of Item	Page
I	*Governor Warren Fights His Party on Public Health Measure*	276
II	*Battle Set to Force Vote on Health Plans*	276
III	*Health Bill Fight*	277
IV	*Health Bill Treatment Irks Warren*	277
V	*Breach Widened for Warren Foes*	278
VI	*Warren Renews Health Fight*	278
VII	*Warren Girds for Health Bill Fight*	279
VIII	*Health and Taxes*	279
IX	*Assembly Due to Hold Showdown on Health Bills*	280
X	*Health Bill Due for Vote in Assembly; Subsidy, Too*	280
XI	*Health Bill Killed*	280
XII	*Two Health Bills Killed by Assembly*	281
XIII	*Health Program*	281
XIV	*Legislators Clamp Lid on Health Bills*	282
XV	*Warren Charges Lobbies Beat Health Bills*	282
XVI	*Warren Hopes for 11th Hour Health Action*	282
XVII	*Parley on Health Plan*	283
XVIII	*Health Bill to Be Revised*	283
XIX	*State Health Insurance*	284
XX	*Legislature Bogged Down*	284
XXI	*Compulsory Health Insurance Bill Will Be Revived*	284
XXII	*Letter of Assemblyman Ralph C. Dills of Compton, Los Angeles County, to Members of His Democratic Assembly Committee Regarding His Vote on Compulsory Health Insurance*	284
XXIII	*Compulsory Sickness Insurance in Russia, Germany and Austria*	285
XXIV	*Report on Health Insurance Bills*	286
XXV	*Should We Have Government Health Insurance?*	286
XXVI	*Trends in Labor Movement*	287
XXVII	*Senator Fletcher Seeks State Vote on Health Bills*	288
XXVIII	*Health Insurance*	289
XXIX	*Joint Health Bill Due Soon*	289
XXX	*Assembly to Get New Health Insurance Bill Next Week*	289

ITEM I

Governor Warren Fights His Party on Public Health Measure

Sacramento, April 4.—Governor Earl Warren clashed with Republican Assemblymen today on the issue of public health insurance, defying party leaders who warned that the Governor's whole legislative program would be wrecked unless he gave up his fight for his public health bill.

The Assembly public health committee voted last night to table the Governor's health bill and a rival C.I.O. measure.

"Not a Chance"

Sam L. Collins, Fullerton, Republican floor leader, asserted today:

"There isn't a chance in the world to pass this bill. If the Governor insists on attempting to bring this bill out of committee, it means a fight in the Republican ranks that will wreck his entire legislative program."

Almost immediately, Warren anounced that he would proceed with efforts to bring the bill to a vote, and also accused the committee of prejudice.

Criticizes Bill Foes

Commenting on the prospect of mustering the forty-one Assembly votes needed to bring the bill out of committee, Warren said at his news conference:

"If we get the votes, the bill will carry. If we don't it won't."

Angrily criticizing committee foes of his bill, the Governor said:

"It isn't very inspiring to see a legislative committee that is charged with such a responsibility announce, before it has finished its hearing, that it intends to chloroform all legislation on the subject."

Opposition Revealed

Warren was referring to disclosure yesterday, prior to hearings on the health bill, that a majority of committee members intended to vote to table the bill.

"I can hardly believe," Warren added, "that the Legislature is going to give a brush-off such as the Assembly committee gave to this tremendously important problem.

"It's very evident that, insofar as the committee was concerned, the matter was prejudged before the case was in."

Can't Trifle With It

Warren expressed confidence that the Legislature would give the subject "more serious consideration," and declared:

"It is so tremendously important to the public that people can't honorably trifle with it."

Warren said he never had tried to force passage of his bill or lobby for it, but merely had sought to make public his own views, and to answer questions of the public frankly.

Commentnig on Collins' statement, Warren said:

"Probably the wish is father to the thought."

Collins said he had been unable to see the Governor to confer with him regarding the measure although he had tried repeatedly to obtain an appointment.

Warren, at his news conference, commented:

"The door is open at all times to any legislator, and that means not any one of them, but all of them."

Hold Parley

Collins and Assemblyman C. Don Field (R.), Glendale, another opponent of the health bill, conferred with Assemblyman Albert C. Wollenberg (R.), San Francisco, who handled the bill for the Governor.

Collins and Field told Wollenberg that Republican sentiment was "overwhelmingly" against bringing the bill out of committee, and that he in all probability would be unable to get the votes to do it.

The committee voted, 7 to 3, against approving either the administration's Wollenberg bill or the rival C.I.O. Thomas measure.

Senator Byrl R. Salsman (R.), Palo Alto, said he would drop his companion measure to the Wollenberg bill in the Senate if the Assembly acted unfavorably.

To Give Notice

Both Assemblyman Albert C. Wollenberg (R.), San Francisco, and Vincent Thomas (D.), San Pedro, announced they would give the required two day notice of intention today to move for withdrawal of their bills from committee, which cannot be done before Friday at the earliest.

The committee's action late last night was not unexpected in view of the earlier report, but it came with surprising and dramatic suddenness during a final hearing on the compulsory health insurance legislation.

At the time, legislative auditor Rolland A. Vandegrift, a witness, was at a blackboard ready to jot down figures of estimated costs after clashing with Assemblyman Augustus F. Hawkins (D.), Los Angeles, who was interrogating him on the Thomas bill.

Caught Off Guard

Rising to interrupt, Collins moved to table the Thomas bill then and there. Hawkins, caught off guard, was stunned for a moment.

A colleague, Assemblyman Jack Massion (D.), Los Angeles, was on his feet, though, with a substitute motion to send the bill out with a favorable recommendation.

Assemblyman Fred H. Kraft (R.), San Diego, chairman, called the committee roll. The vote:

Aye—Hawkins, Massion and Edward M. Gaffney (D.), San Francisco.

No—Kraft, Collins, Fred Emlay (D.), Salinas; John W. Evans (D.), Los Angeles; C. Don Field (R.), Glendale; Richard H. McCollister (R.), Mill Valley and John F. Thompson (R), San Jose.

Assemblymen Ernest Debs, Ralph C. Dills and John Pelletier, all Los Angeles Democrats and committee members, were absent.

The vote was no sooner taken than Hawkins moved that the Wollenberg bill be recommended. This failed by the same vote.

Then Gaffney spoke up:

"I move we send out both bills without recommendation," he said.

"Oh, that's silly," remarked Field. "I move as a substitute to table—no, I move we adjourn."

"So ordered," declared Kraft—and it was all over.—San Francisco *Call-Bulletin*, April 4.

ITEM II

Battle Set to Force Vote on Health Plans

Supporters Will Attempt to Bring Bills to Floor of House

Sacramento, April 4.—Governor Earl Warren today voiced sharp criticism of the assembly public health committee for "chloroforming" compulsory health insurance legislation, as administration leaders mapped plans for carrying the fight to the floor of the lower house next week.

Assemblyman Fred Kraft, San Diego Republican and chairman of the committee, replied to Warren late today by declaring that the Governor's charges are not warranted by the facts and are a reflection "upon legisla-

tors who are doing an honest and thorough job on this subject."

7 Against

The cmomittee late last night refused "do pass" recommendations to the two major health insurance bills—A.B. 800, sponsored by the Governor, and A.B. 449, backed by the C.I.O. Seven of the thirteen committee members voted against sending the bills out—which means they are frozen in committee unless the assembly itself votes to take them out, which requires forty-one votes.

Assemblyman Albert C. Wollenberg, author of the administration bill, and Assemblyman Vincent Thomas, who introduced the C.I.O. measure, started proceedings to remove the bills from committee by giving formal notice of their intention. As at least two days must elapse between the notice and the actual attempt, Wollenberg and Thomas said no action would be taken until next week.

Warren Blunt

While Wollenberg and Thomas were giving their notices in the assembly, Governor Warren was lambasting the action of the public health committee in forthright language which made it plain that he was no little incensed.

"I can hardly believe," he said, "that the legislature is going to give a brush off, as the committee did, to this important problem. It was very evident, so far as the committee was concerned, the matter was prejudged before the case was in."

"Important"

"I sincerely hope and believe the legislature as a whole will accord the subject of health insurance more serious consideration than that. It is a matter so important to the public that they just can't honorably trifle with it."

He was asked about the committee's recommendation that in lieu of any action on health insurance at this legislative session, an assembly interim committee be appointed to make a two year investigation and report back in 1947.

"That's the chloroform," snapped Warren.

In Double Rôle

"In other words," Warren said grimly, "they wear one hat and decide to chloroform it, and wear another and decide to give it a fair hearing."

He made it clear that he has not tried to "lobby" the legislature on the bill, declared he regarded health insurance as "one of the most serious problems in the life of our State," and urged "full, fair, and not prejudiced consideration."

Told that Assemblyman Sam L. Collins of Fullerton, G.O.P. floor leader, had stated that if Warren forced the health insurance issue it would "wreck his entire legislative program," Warren commented: "Probably the wish is father to the thought."

Not Final

Wollenberg said today he did not regard the action of the Kraft committee as final, and that health insurance was far from being a "dead duck."

"Several opposition leaders have come to me today and urged me to drop the matter in view of the committee's stand," Wollenberg added. "They tried hard to convince me that we're through, but they were jittery. When they smile and aren't jittery, I'll believe it's a dead duck."

Await Caucus

Wollenberg and Thomas conferred with Assemblyman Alfred W. Robertson, chairman of the Democratic caucus, before giving their notices of motion to withdraw the bills from committee. They agreed not to press the motion until after the Democratic caucus, scheduled for Monday night. The Democrats are on record in support of health insurance.

The controversy over continued tax reduction is also expected to remain dormant until next week, as legislators on both sides of the issue sought today for ways to turn latest health insurance developments to their advantage.—San Francisco *Examiner*, April 5.

ITEM III

Health Bill Fight

Governor Warren Charges Assembly Group "Prejudged" Plan, Gave it "Brush-off"

Sacramento, April 4.—For the first time since he took office, Governor Warren today lashed out at a legislative committee. This was for giving what he described as the "brush-off" to his compulsory health insurance bill.

The Governor took the Assembly Public Health Committee to task for its action last night in precipitously blocking a vote by the Legislature on the compulsory health insurance issue. By a vote of 7 to 3, the committee refused to send either the Governor's bill or that of the C.I.O. to the Assembly floor for action there.

Assemblyman Albert C. Wollenberg, San Francisco, principal author of the Governor's bill, served notice on the Assembly today he would seek to bring the Warren Bill out of the Public Health Committee for a vote by the entire Assembly. It will require 41 votes to get the vote out of committee.

Warren characterized the proposal of the majority of the committeemen to delay action while a two-year study is being made by an Assembly committee as an intent "to chloroform all legislation" on the subject of compulsory health insurance. . . .—San Francisco *Chronicle*, April 5.

ITEM IV

Health Bill Treatment Irks Warren

Governor Charges Legislators Gave Measure "Brush Off"

Sacramento, April 4.—Governor Warren for the first time struck at a legislative committee when he charged today that the Assembly Public Health Committee had given his State health insurance bill "the brush off."

Warren made the charge at his morning press conference as a result of the committee action last night in voting down, 7 to 3, a motion to send out with a favorable recommendation both his bill and the one backed by the C.I.O.

Immediately thereafter handlers of the bills in the Assembly served notice that they will move to bring the bills out of committee by a vote of the Assembly. Assemblyman Alfred Wollenberg, handling A.B. 800 for the Governor, gave notice to the Assembly today.

Warren's Statement

"I can hardly believe that the Legislature is going to give a brush-off such as the Assembly Public Health Committe has given this important problem," said Warren. . . .

Serious Problem

"I have the greatest respect for the Legislature and its prerogatives and I wouldn't operate on any other basis regardless of how interested I might be in legislation. Acting that way, I believed that when I submitted one of the most serious problems in the life our State to the Legislature it should be entitled to a full and fair hearing and not be given prejudged consideration."

At this point he was told that Assemblyman Sam L. Collins of Orange, a member of the Public Health Committee who voted against the Governor's bill, had said that he thought the Governor ought to drop his compulsory health measure for "otherwise he will wreck his whole legislative program."

"All I have to say to that is that the wish is probably father to the thought," snapped the Governor.

The Governor was told that Collins has said he tried to see him several times without success. The Governor asked his secretary to check, and the report came back that some time ago Collins made an appointment with the Governor and it was kept.

Collins, who is Republican floor leader in the Assembly and is principal author of a voluntary health insurance measure sponsored by the California Medical Association, later said the Governor apparently was misinformed about his efforts to see him and he will now call on Warren and "talk things over with him."

"Brush-Off" Denied

Three of the seven committee members who voted against the Warren bill, asked if they had any comment on Warren's blast, denied there was a "brush-off." They are Collins, Fred Kraft of San Diego, chairman of the committee, and C. Don Field of Glendale, all Republicans.

Kraft pointed out the committe had held hearings over two months in San Diego, Los Angeles, Fresno, San Francisco and Sacramento, and two full hearings, afternoon and night, since the Legislature reconvened.

Sorry About Charges

"If that's giving a bill the 'brush-off' then we're guilty, I guess," said Field.

Kraft said he was "sorry" the Governor had made the charges, which Kraft called "a reflection upon legislators who are doing an honest and thorough job on this subject."

"The Governor's bill has been virtually rewritten three times and the C I.O. bill twice, which is evidence that the proponents themselves are not sure of their ground and that more study is needed," Kraft said. . . . —Los Angeles *Times*, April 5.

ITEM V

Breach Widened for Warren Foes

Sacramento, April 5.—The first conference between Governor Earl Warren and Republican Assembly leaders on the Governor's compulsory health insurance program has widened the breach between Warren foes of the program, Republican Floor Leader Sam L. Collins said today.

Collins said he conferred last night with the Governor and Assemblyman Albert C. Wollenberg (R.), San Francisco, who is handling the Governor's bill.

The parley was the first between Warren and a spokesman for the bill's foes since the bitter clash yesterday between Warren and the Assembly Public Health Committee over the issue.

Stands Firm

Warren, according to Collins, refused to back down from his all-out support of his public health insurance bill and indicated he was ready for a wide-open fight on the Assembly floor.

Hold Trumps

With the Republicans widely split, the Democrats hold the trump cards, and both G.O.P. proponents and opponents of compulsory health insurance were wooing their votes.

The Governor's sharp rebuke to the Assembly Public Health Committee for refusing to recommend passage of his bill aroused much comment in both houses.

Collins and Assemblyman Fred H. Kraft, committee chairman, declared in so many words that the Governor didn't know what he was talking about. . . . —San Francisco *Call-Bulletin*, April 5.

ITEM VI

Warren Renews Health Fight

Governor Continues Hopeful for a Vote on Measures at Present Legislature

Sacramento, April 6.—Governor Warren today declared he did not "feel the cause of compulsory health is lost in this Legislature."

"I believe before the session is over the Legislature will recognize the tremendous importance and the serious problem involved in this issue and that it will do something about it," Warren told newsmen.

He made this statement after he was advised that Senator Byrl Salsman, handling his compulsory health bill in the Upper House, had indicated he would give up the fight if the Assembly does not grant Assemblyman Albert C. Wollenberg, leader of Warren's forces on the same issue, a vote on the bill.

On the subject of appointment of interim committees to study further the question already the subject of 30 years of legislative reports, Warren described that procedure as "just a polite way of entirely avoiding the issue and chloroforming the legistlation."

Assembly Vote Fight

Appointment of interim committees to study the controversial health problem further will be proposed in both Assembly and Senate next week. At the same time, the fight to get the health program before the Assembly will be started.

In the Senate, three members, Judah, Weybret and Breed, announced their intention of asking for the creation of a Joint Legislative Committee of six members with a $100,000 appropriation to conduct a study of health insurance during the coming two years.

Assemblyman Sam L. Collins, Chairman Fred Kraft of the Public Health Committee, Assemblymen Frank J. Waters, T. Fenton Knight and others signed a proposed resolution also creating a study committee but confining it to members of the lower house.

Collins, author of the California Medical Association's voluntary health insurance proposal, and Kraft were two of those who voted down compulsory health insurance bills in committee this week. They urged the study on the ground that "before intelligent action may be taken" on the issue, many matters must be inquired into in connection with the entire problem.

Eight Months Allowed

The size of the proposed Collins committee and the sum of money to be asked for its work will be determined later. The committee would report no later than eight months after the adjournment of the present session.

Unlike Senator Salsman, author of the Governor's bill in the upper house, Assemblyman Wollenberg, who has a companion measure in the Assembly, will not quit fighting this early in the session.

"I'm going right ahead and I haven't changed my mind one bit because of legislative developments in committee," said Wollenberg. "I still believe this session of the Legislature should act on health insurance."

Wollenberg will move about the middle of next week to get his bill out of the Public Health Committee so

that every member of the Assembly may vote on the compulsory health issue.

The proposed Senate interim committee would be empowered to obtain help from experts from the medical, insurance companies, farmers, hospital, industry and other fields of endeavor.

Senator Salsman said he believed "if there is not going to be any legislation then further study should be made, but it should be made by a joint legislative committee, instead of that of one house only." He believed the study should be turned over to experts in medical economics and persons with actuarial experience instead of over to representatives of the doctors, hospitals and industry.

Future of Salsman Bill

Salsman will not take up his bill in committee if Wollenberg is unsuccessful in getting the Assembly bill out of the Public Health Committee in the lower house.

Senator Judah said he thought a partial report at least should be ready for public perusal early in 1946 since the compulsory health issue appears certain to be on the ballot at the November general election.

The Democratic minority in the Assembly will caucus Monday night and discuss the compulsory health bill situation then. Democraitc county organizations, including the Los Angeles committee, have recently indorsed compulsory health insurance. Democratic State chairman William M. Malone has told his party members he would vote for compulsory health insurance, were he a legislator. County chairman Mike Fanning, likewise, is for it. Democratic leaders may be here next week to meet with the legislators.

Assemblyman Vincent Thomas, author of the C.I.O.'s bill, also will make a move to take his measure away from the Public Health Committee and bring it to the floor for a vote. . . . —San Francisco *Chronicle*, April 7.

ITEM VII

Warren Girds for Health Bill Fight

Sacramento, April 7.—Pressure groups for and against Governor Warren's compulsory health insurance program were busy today, while the Legislature was in recess for the week-end.

Although many observers believe that the legislation is already doomed, the Governor called upon Republican state and county leaders to use their influence in whipping recalcitrant G.O.P. assemblymen into line to support withdrawal of his bill from the Public Health Committee.

Concession of Defeat

A virtual concession of defeat on the part of the Governor's health insurance supporters was seen in a declaration by Senator Byrl Salsman, author of the Senate health bill, that "the best alternative" might be an interim legislative study.

The statement came after a trio of Republican senators disclosed they were preparing a resolution creating a joint legislative committee to supervise a complete interim health study.

At the same time the C.I.O. was endeavoring to rally labor and statewide Democratic groups to induce assemblymen to vote for putting their rival measure on the Assembly floor for consideration also.

In opposition, the California Medical Association and its allies, through home town doctors, dentists, druggists, nurses, hospital officials and others, bombarded legislators with telegrams urging them to keep all health service bills bottled up in committee.

Caucuses

Both Republican and Democratic lawmakers will hold separate caucuses Monday night to discuss strategy on health insurance, taxation and other issues. . . . —San Francisco *Call-Bulletin*, April 7.

ITEM VIII

Health and Taxes

Economy Bills, Health Insurance, County Subsidies Up for Vote Again

Sacramento, April 8.—Governor Warren's State tax cuts and his compulsory health insurance program will be before the Legislature again tomorrow as the Senate and Assembly begin the sixth week of deliberation since the constitutional recess. . . .

Health Insurance

Renewal of the fight over health insurance will be centered in the Assembly with the Senate also having a part in the controversy.

Governor Warren wants action at the present session on the health insurance issue.

In both the Assembly and Senate are moves to postpone any action now by creating interim study committees to make investigations and report on the health insurance problem.

While the argument goes on for the creation of interim committees, proponents of compulsory health insurance were organizing in an effort to bring out of the Assembly Public Health Committee both the Governor's bill and the C.I.O. sponsored Thomas measure on that subject. Both bills have been chloroformed in committee.

Chairman Fred Kraft of the committee contends his side will round up sufficient strength to prevent the bills from coming to the floor.

May Force Vote

Assemblyman Albert C. Wollenberg, San Francisco, who is handling the Warren bill in the Lower House, challenges this statement.

A coalition of supporters of the Governor's bills and those of the C.I.O. bill may result in forcing a vote on the issue.

Assembly Democrats are to caucus tonight and some of the party leaders are expected to recommend that the members follow the party platform and vote for compulsory health insurance.

Assemblyman Sam L. Collins, author of the California Medical Association's Voluntary Health Insurance Bill, is also the principal author of the Lower House resolution, setting up an interim committee to be named by Speaker Charles W. Lyon, also an opponent of compulsory health insurance.

Kraft wants the chairmanship of the committee. The gossip around the Capitol is that the C.M.A. group will ask that the San Diego druggist be named chairman if a committee is named. But others on the resolution have different ideas.

The Assembly interim committee, incidentally, is authorized to meet anywhere, even abroad if necessary, to study health insurance. On the Public Health Committee, whose majority smothered the two bills in committee the other night, are some of the "travelingest" members of the legislature. Just how many of them would be included on any special group for study purposes is conjectural.

The Republicans are also to caucus tomorrow night. But the compulsory health insurance issue has not been made a party matter by the G.O.P. Assemblymen. They will discuss taxes instead and try to agree on a campaign to approve the Governor's program on that subject.—San Francisco *Chronicle*, April 9.

ITEM IX

Assembly Due to Hold Showdown on Health Bills

Sacramento, April 9.—Paving the way for a long-awaited showdown on the controversial health insurance issue, the Assembly agreed today to vote tomorrow on motion to withdraw from committee both Governor Earl Warren's health bill and the rival C.I.O.-sponsored measure.

The parliamentary move—made over the protest of Republican and Democratic Assembly leaders alike—came as the Senate meantime prepared to vote this afternoon on the likewise controversial Hulse bill to earmark $100,000,000 of the State surplus for postwar subsidies to cities and counties.

Forty-one Votes Needed

Opponents of compulsory health insurance claimed neither the Warren nor the C.I.O. forces could muster the forty-one votes required to pull the two bills out of the public health committee.

Fred H. Kraft, San Diego assemblyman and chairman of the Assembly Public Health Committee—which last week rceommended tabling of the health question pending an interim study—predicted the bills would remain in committee and die a natural death there.

Assembly Democrats still held the key to the entire health picture. Polls show that neither the Warren nor the C.I.O. bill could win without the support of a large percentage of the Democrats.

Further Probe

Assemblyman Sam L. Collins, Republican floor leader, introduced a resolution providing for further investigation of health insurance by an interim committee, to report to the Governor within eight months. Or at a special session if there should be one, prior to the next regular session.

An appropriation of $15,000 to finance the study was asked.

Assemblyman Vincent Thomas, San Pedro Democrat, author of the C.I.O. health bill, touched off the showdown move this morning when he moved to have his withdrawal motion considered as a special order of business at 10:30 a.m. tomorrow.

Several Coming

Democratic Floor Leader Alfred W. Robertson, Santa Barbara, suggested Thomas might let the action go over for two or three days, but the latter explained he had "several people coming up tomorrow morning and I don't want them to make an unnecessary trip."

Assemblyman Alfred C. Wollenberg, San Francisco, author of the Warren health measure in the lower house, immediately moved to have his bill considered tomorrow morning as well.

It was placed on the calendar for 10:35 a.m., immediately after the C.I.O. bill.

Both Republicans and Democrats will hold caucuses tonight to map further strategy.—San Francisco *Call-Bulletin*, April 9.

ITEM X

Health Bill Due for Vote in Assembly; Subsidy, Too

Sacramento, April 10.—The health insurance question was to come up for what may be its only Assembly vote today as the lower house received a Senate-approved bill to earmark 100 million dollars in State funds for local public works.

The Assembly vote was to be on whether the two health insurance bills held in the Public Health Committee would be withdrawn for consideration by the whole House. If the motions are defeated decisively, there probably will be no future action on the bills.

Assemblyman Wollenberg (R., S. F.), author of the health insurance bill favored by Governor Warren, claimed the 41 votes necessary to carry his withdrawal motion. Assemblyman Vincent Thomas (D., San Pedro), who introduced the C.I.O. bill, said he looked for a "close vote."

Results of caucuses by both Republican and Democratic assemblymen last night indicated the chief support for the motions would come from Democrats. A "very large majority" of the 29 assemblymen attending the Democratic caucus will support the motions, Assemblyman Alfred W. Robertson (D., Santa Barbara), minority leader, said.

Republicans failed to discuss health insurance at their caucus. However, Assemblyman C. Don Field (R., Glendale) expressed the flat personal opinion that the withdrawal motions would be defeated.

Before the Republicans held their caucus they dined at Capitol City Yacht Harbor Club as guests of Ben H. Read, lobbyist for the Public Health League, political wing of the California Medical Association, and Jay H. Kugler, legislative representative for the Dairy Institute of California.

Mr. Read insisted the dinner had no bearing on discussion of compulsory health insurance bills, which the medical association is opposing.

"Jay Kugler and I just decdied we'd pick up the check," said Mr. Read. "There's nothing to it—just an ordinary dinner. This seemed kind of a nice place for some drinks."

After paying the bill, the two lobbyists discreetly retired and left the assemblymen to caucus.

The Democrats, however, will pay for their own caucus dinners, said Assemblyman Robertson, waving a $400 check he received from the Jefferson Day Dinner Fund. He added the Democrats might accept a party from Mr. Read some time but explained he "didn't think" it would be a caucus dinner.

Resolutions to delay health insurance pending further studies were offered in both the Assembly and Senate. . . . —San Francisco *News*, April 10.

ITEM XI

Health Bill Killed

Assembly Votes to Shelve Issue in Committee

Sacramento, April 10.—Enactment of a compulsory health insurance bill at the current session was killed off today by the refusal of the Assembly to permit of a vote by its entire membership on that issue.

First test on the issue came when the Assembly refused 42 to 34 to withdraw from its Public Health Committee the C.I.O. sponsored Thomas bill.

Thirty-two Republicans, joined by ten Democrats, turned down Governor Warren's recommendation that the Legislature pass a prepaid medical care program based on compulsory health insurance now.

Only seven Republicans, Burns, Hollibaugh, Lyon, Maloney, Sheridan, Carey and Wollenberg voted with 27 Democrats in favor of Assemblyman Vincent Thomas' motion to bring his bill to the lower house for a vote. The Assembly committee chloroformed the compulsory health insurance bills last week.

The Absentees

Three Republicans and one Democrat were absent. Two of the Republicans were excused because of absence. One, Mrs. Kathryn Niehouse, only woman legislator, was excused because it was explained she was in San

Francisco on business although today was known to be the day of decision on the health insurance issue.

One Democrat, John B. Pelletier, Los Angeles, sat mute during the roll call and did not record his vote. Once during debate on the withdrawal motion, Speaker Lyon cautioned Pelletier about his language. The Los Angeles man had denied with a "damn liar" retort statements that the Health Committee of which he was a member, had not given a full hearing on the bills.

Assemblyman Thomas charged the Public Health Committee with "unfairness" in filing an adverse report to bills "before all the evidence had been presented," he said "we cannot allow this vital issue to be decided by a prejudiced committee." Thomas said labor, the Parent-Teacher Association, League of Women Voters and other organizations favored compulsory health insurance and that the members should not show political cowardice by refusing to get the bill on the floor where they could vote for or against it.

"Right of a Hearing"

Assemblyman A. F. Hawkins, Los Angeles, declared the question before the members was not that of compulsory health insurance but that the "issue is the right of a hearing" on the matter.

Assemblyman George D. Collins, Jr., San Francisco, also denied a full hearing had been granted on the issue, declaring "We are again asked to dodge the issue." He wanted the bill brought to the floor.

That chairman Fred Kraft had attempted to prevent questioning of witnesses by him at the San Diego and other hearings was charged by Assemblyman Jack Massion, Los Angeles. . . .

Assemblyman C. Don Field, Glendale, and Sam L. Collins, Fullerton, said a full hearing had been granted the proponents of both the C.I.O. and the Governor's bills. Collins said two months had been given over to the study. Pelletier had fixed the time at nine days and more than 50 hours, meaning the time the committee held hearings.

Dr. Sinai Attacked

One of the opponents, Chester Gannon, went completely afield from the issue at hand to attack Dr. Nathan Sinai, who testified as an economist in medical research, for the Warren bill. Sinai, now a doctor of public health and a University of Michigan professor, was attacked by Gannon as "a horse doctor." . . .—San Francisco *Chronicle*, April 11.

ITEM XII

Two Health Bills Killed by Assembly

C.I.O., Warren Bills Defeated

Sacramento, April 10.—The compulsory health program sponsored by Governor Earl Warren apparently was doomed to defeat today when the Assembly, by a vote of 38 to 39, refused to withdraw Assembly Bill 800 from the committee on public health. This means that the bill will remain buried in committee, leaving the Senate—openly unfriendly to the compulsory medical program—as the only remaining hope.

* * *

Sacramento, April 10.—The Assembly killed the compulsory health insurance bill sponsored by the C.I.O. today and late this afternoon was moving for a final showdown on the prepaid medical care measure supported by Governor Earl Warren as one of the major items on his 1945 legislative program.

The administration bill, introduced by Assemblyman Albert C. Wollenberg and others, apparently entered the fight in slightly better shape than the C.I.O. bill, sponsored by Assemblyman Vincent Thomas. Even Wollenberg, however, declined to predict victory in the impending parliamentary battle and the consensus was that he would fail.

End For Session

Defeat of the Wollenberg bill would dash any further hope of passage of compulsory health insurance legislation at this session. Senator Byrl Salsman, author of the companion administration bill in the upper house, already has indicated that he will not press his measure in the Senate if the Assembly bills fail.

Taken to Floor

In Los Angeles, meanwhile, supporters of compulsory health insurance were reported today to be preparing an initiative measure for submission in 1946. Petitions are now being drawn, it was reported here, under sponsorship of a group including the League of Women Voters, labor organizations and the Parent Teachers Association.

The test today was not on passage of the bills, but on motions to withdraw them from the assembly committee on public health, where a majority of seven members opposed to compulsory prepaid medical care had buried them.

Because of the committee's refusal to report out the bills, either with or without a recommendation, it was necessary to carry the fight to the floor of the Assembly on motions to withdraw from committee.

Two hours of debate preceded the vote on Thomas' motion to remove his bill from the unfriendly public health committee, which is headed by Assemblyman Fred Kraft, San Diego Republican.

The final roll call brought a vote of thirty-four "yes" and forty-two "no." Forty-two votes were required to pull it out of committee.

Those voting to bring the bill out of committee for debate on the floor included twenty-seven Democrats and seven Republicans; ten Democrats and thirty-two Republicans voted "no." Three members were absent and one declined to vote.

Lunch Hour Drive

The same procedure was followed in respect to the Wollenberg administration bill. After defeat of Thomas' motion, administration forces during the lunch hour conducted a whirlwind drive to pick up an additional seven votes, but with indications their best efforts would fall short. . . .—San Francsco *Examiner*, April 11.

ITEM XIII

Health Program

One Vote Stifles the Warren Bill; Fight to Go On

Sacramento, April 10.—Despite a serious rebuff by the Assembly, killing off a move to get a vote on compulsory health insurance by the entire membership of that body, Governor Warren tonight refused to concede final defeat of his program on that issue.

"It's a pretty hard blow to a great cause when the Assembly will not even let it be debated on the floor in the light of day," said Warren.

By a vote of 39 to 38, the Assembly defeated a motion by Assemblyman Albert C. Wollenberg, San Francisco, to bring Warren's bill out of the Public Health Committee for consideration by the Assembly.

"It is a rather sad commentary," said the Governor that the Compulsory Health Insurance bills, "cannot be brought out in the open and thoroughly debated on the floor of our legislative bodies but such is the power of the lobbies that have been against this legislation"

C.I.O. Bill Also Blocked

Before the Governor's bill was bottled up in the committee, the Assembly voted 42 to 34 against withdrawing from committee the Thomas C.I.O.-sponsored bill.

The Governor praised Wollenberg for "his spunk," saying, "I'll support him in any way." He said the fight in behalf of his bill was "against tremendous and powerful odds."

Wollenberg said he would not give up the fight to secure favorable consideration of his bill at this session.

Speaker Charles W. Lyon, one of those opposed to the legislation, said there was nothing to prevent Wollenberg from making another motion similar to that which proved unsuccessful today.

Asked how he felt about the Democratic support of his bill, the Governor replied: "I appreciate it."

Twenty-eight Democrats joined ten Republicans in the motion to withdraw the Governor's bill.

The G.O.P. Showing

Warren's only comment on the fact that only a few Republicans supported him was that he appreciated the help "of those who voted with us." The Republicans were Wollenberg, Burns, Carey, Fourt, Hollibaugh, Lyons, Maloney, Sheridan, Dickey and Waters. . . .

Democratic minority leader Alfred W. Robertson, who voted for the motions to bring the bills out of committee, said he felt the action today ended compulsory health insurance legislation for this session. . . .

Senator Byrl Salsman, Palo Alto, who has the Governor's bill in the Upper House, said he did not expect to make any further moves in view of the Assembly's action.

The final test today came on the Wollenberg motion to override the adverse action of the Public Health Committee.

Assemblyman Wollenberg presented arguments on why the measure should be voted on by the members. Assemblymen Gaffney, Doyle and others joined in the plea.

Only seven Republicans, Burns, Hollibaugh, Lyons, Maloney, Sheridan, Carey and Wollenberg voted with 27 Democrats in favor of Assemblyman Vincent Thomas' motion to bring his bill to the lower house for a vote. The Assembly committee chloroformed the compulsory health insurance bills last week.

The Absentees

Three Republicans and one Democrat were absent. Two of the Republicans were excused because of absence. One, Mrs. Kathryn Niehouse, only woman legislator, was excused because it was explained she was in San Francisco on business although today was known to be the day of decision on the health insurance issue.

One Democrat, John B. Pelletier, Los Angeles, sat mute during the roll call and did not record his vote. Once during debate on the withdrawal motion, Speaker Lyon cautioned Pelletier about his language. The Los Angeles man had denied with a "damn liar" retort statements that the Health Committee of which he was a member, had not given a full hearing on the bills. . . .—San Francisco *Chronicle*, April 11.

ITEM XIV

Legislators Clamp Lid on Health Bills

Move to Get Warren and C.I.O. Measures Into Open Balked

Sacramento, April 10.—The Assembly today apparently clamped the lid on compulsory health insurance legislation for this session when it voted to hold both Governor Warren's bill and the C.I.O.'s in committee.

On a motion to pull the C.I.O. bill out of committee the vote was 34 ayes to 42 noes. Later in the day a motion to move Warren's bill out lost by a vote of 38 to 39. It required 41 votes to take a bill out of committee.

Party Lines Crossed

Party lines were crossed in the voting, on the C.I.O. bill 27 Democrats and seven Republicans voted aye. Voting no were 32 Republicans and 10 Democrats. In the vote on the Warren bill 28 Democrats and 10 Rpeublicans voted aye and 29 Republicans and 10 Democrats voted no.

Last week the Public Health Committee voted seven to three against a motion to let the bills out of committee. Other bills on the subject are expected to remain in committee also.

Opinion of supporters of the C.I.O. bill generally is that the issue is dead for this session. In presenting the bill last January the C.I.O. said if it did not pass at this session the matter would be placed on the ballot. . . .—Los Angeles *Times*, April 11.

ITEM XV

Warren Charges Lobbies Beat Health Bills

Sacramento, April 11.—Compulsory health insurance bills were on the legislative scrapheap today as Governor Earl Warren blamed "tremendous and powerful influences" for blocking consideration by the entire Assembly.

He said he preferred not to name the lobbies opposing the measures. It was obvious he referred to the California Medical Association and its allies, including big business and farm groups, which led the attack.

While the Governor would not concede defeat most of his main supporters gave up the fight after the Assembly refused to withdraw his bill and a rival C.I.O. measure from its Public Health Committee to the floor for debate.

Friends said the greatest blow to Warren was the fact he was deserted by the majority of his own Republican party, and received the bulk of his backing from Democrats. Only ten Republicans voted for his bill, while twenty-nine were against it.

The Governor's keen disappointment was expressed at a news conference, where he assailed the Assembly action.

"This was a very severe blow," he said. "But I don't believe it's a lost cause just because we got knocked down.

"I am still hopeful the Legislature will do something about it before they adjourn.

"It's rather a sad commentary that the bills cannot be brought out into the open and thoroughly debated on the floor.

"But such is the power of the lobbies that have been against it." . . .—San Francisco *Call-Bulletin*, April 11.

ITEM XVI

Warren Hopes for 11th Hour Health Action

Charges Defeat So Far to Power of Medical Lobbyists

Sacramento, April 11.—Governor Warren today clung to hope for some kind of 11th hour favorable legislative action on his compulsory prepaid health insurance measure despite refusal of the Assembly to withdraw from committee for floor consideration either his bill or one backed by the California C.I.O. Council.

The Governor scheduled a meeting with Senator Byrl R. Salsman (R., Palo Alto), author of the Warren bill on the Senate side, to discuss possibilities of bringing the issue to vote in that House.

Governor Warren was lonely in his hope. Assemblyman Wollenberg (R., S. F.), who saw the Governor's proposal which he authored in the Assembly fall four votes short of victory in an intense session yesterday, was just about the only person among the 120 legislators who shared this hope. Senator Salsman was dubious but willing to try.

Assemblyman Vincent Thomas (D., San Pedro) author of the C.I.O. health insurance bill, said he had no plans for future action.

The Assembly first voted 42 to 34 against bringing the C.I.O. bill from the public health committee; then voted 39 to 38 against similarly withdrawing Governor Warren's bill. It required 41 votes to draw either to the floor.

The health committee voted 7 to 3 against recommending both bills after a majority of the members signed a report asking a two-year delay in insurance legislation while a new study is made.

"A pretty hard blow to a great cause" was how the unfavorable vote, which killed all possibility of future action in the Assembly, was characterized by Governor Warren at a press conference after the day-long Assembly contest. . . .

Lobbyists representing the doctors—principally Ben Read of the Public Health League of California; Dr. D. H. Murray, chairman of the California Medical Association legislative committee, and Attorney Howard Hassard—commented afterwards that they were by no means alone in the successful fight they had made against the bill.

They named as lobbies that had helped them kill the health insurance measures: the Chamber of Commerce, the insurance companies, agricultural and dairy interests, liquor interests, the merchants and manufacturers "and all representatives of business."

"The people don't want compulsory health insurance," they added.

"If you want to know who killed this bill," said Dr. Murray, "you should have been at the Los Angeles committee hearings and seen the business men come in to testify against it—all kinds of business men."

He pointed out that while the San Francisco delegation voted as a body in support of the health bills, "Los Angeles was split wide open, with pretty strong opposition from there." He cited the rural counties as another main source of opposition. Los Angeles business he credited with leadership in the fight.

The doctors' representatives said they expect the C.I.O. to prepare a measure for the ballot, seeking an initiative on health insurance, but as to their own plans for a counter measure on the same ballot, said simply, "It's one thought, but there is nothing definite planned."

Governor Warren, in discussing lobby influence on the measures, said he did not care to identify the groups which had been working against the bill. But he said it would be "interesting to see" what the California Medical Association will do with their bill to promote voluntary health insurance. Author of this measure is Assemblyman Sam Collins (R., Fullerton).

How They Voted

Here is how the Assembly voted on the motion to withdraw Governor Warren's bill from committee:

FAVORING: Republicans — Burns, Carey, Dickey, Fourt, Hollibaugh, Lyons, Maloney, Sheridan, Waters, Wollenberg; Democrats—Anderson, Beal, Beck, Bennett, Berry, Brady, Brown, Burkhalter, Collins, Degs, Dekker, Dills, Doyle, Dunn, Emlay, Flecher, Gaffney, Haggerty, Hawkins, Kilpatrick, Lowery, Massion, McMillan, O'Day, Pelletier, Robertson, Rosenthal, Thomas.

OPPOSED: Republicans—Boyd, Burke, Butters, Call, Clarke, Sam L. Collins, Davis, Denny, Erwin, Field, Gannon, Geddes, Johnson, Knight, Kraft, Leonard, McCollister, Miller, Price, Sherwin, Stephenson, Stewart, Stream, Thompson, Thurman, Watson, Weber, Werdel, Charles W. Lyon; Democrats—Allen, Crichton, Crowley, Clayton Dills, Evans, Guthries, Heisinger, King, Middough, Sawallisch.

ABSENT — Republicans — Armstrong, Niehouse and Thorp.

Three Republican Assemblymen who voted for the Governor's bill—Dickey, Fourt and Waters — earlier voted against the C.I.O. measure. Assemblyman John Pelletier (D., L. A.), a member of the health committee, failed to vote on the C.I.O. measure but voted for Governor Warren's bill.

Got a Full Vote

Anyone watching yesterday's activities from the gallery might have chalked up this key event as a relatively passive, unexciting day. For each bill, after introductory discussion by authors, and questions from a scattering of assemblymen, a "call of the House" was put on, doors were locked, and absentees hunted up to get a full vote on the measures.

During this waiting period each time the authors "worked the floor," as the effort to win-over fence-sitters is called. Armed with a rollcall, or list of all assemblymen, they went from desk to desk to argue with those who might be won over. It was a small and unproductive list. Most men knew before they started the day's session, whether they would vote to bring the health measures out for Assembly consideration or leave them buried in committee. When the authors were satisfied they had done all the persuading possible, they asked the call of the House to be lifted, and the voted recorded.—San Francisco *News*, April 11.

ITEM XVII

Parley on Health Plan

Sacramento, April 13.—A new attempt to enact some kind of a compulsory health insurance bill, despite its apparent defeat in the Assembly this week, was planned today after a conference between Governor Warren, legislators and interested citizens.

Senators Byrl Salsman and John F. Shelley said it was decided to try to work out compromise amendments to the Governor's bill in the Assembly.—San Francisco *Call-Bulletin*, April 13.

ITEM XVIII

Health Bill to Be Revived

Plans to Merge Measures Made at Meeting With Governor Warren

Sacramento, April 13.—Supporters of compulsory health insurance today were preparing for an immediate Statewide drive to revive the issue in the legislature, where it was at least temporarily buried last week by refusal of the Assembly to vote the two principal bills out of the Public Health Committee.

At a meeting with Governor Earl Warren, who made enactment of a compulsory prepaid medical and hospital care bill one of the major items in his legislative program, it was decided to weld the administration and the C.I.O. bill into a single measure in an effort to unify support which hitherto has been divided. A concerted Statewide pressure drive is planned to win support for the measure.

Backers Meet

Participating in the meeting were representatives of the Parent Teachers Association, California League of Women Voters, State Federation of Labor, Congress of Industrial Organizations, Assemblyman Albert C. Wollenberg, San Francisco, chief author of the administra-

tion sponsored bill; Assemblyman Vincent Thomas, chief author of the C.I.O. bill, and Senator Byrl Salsman, who is handling the administration bill in the Senate. . . .—San Francisco *Examiner*, April 14.

ITEM XIX

State Health Insurance

There's Talk in Sacramento of Trying to Work Out Some Sort of a Compromise Bill

Sacramento, April 15.—Suggestions for a more modified form of compulsory health insurance than provided in pending bills were heard here today as the Legislature prepared to meet tomorrow.

Moves to revive the compulsory health insurance issue were started last week when representatives of the Parent-Teachers Associations, League of Women Voters, the A.F.L., C.I.O. and those legislators sponsoring strong compulsory health insurance measures met with Governor Warren.

Proponents Confer

In the next few days Assemblyman Albert C. Wollenberg of San Francisco, who is handling the Governor's bill in the lower house, will call a meeting of the bill's proponents to settle on a bill satisfactory to all.

Meantime, talk has started that it might be possible to secure support for some type of compulsory health insurance which would have a more modest beginning than contemplated in either Governor Warren's bill or the C.I.O. measure.

One of the big arguments used against compulsory health insurance has been that the contemplated 3 per cent payroll tax would not be sufficient to finance the program.

An argument is that health insurance costs may be uncertain and it would be better to start on a less complete program than outlined in bills chloroformed in the Assembly Public Health Committee.

Supporters of both bills contend the programs can be adequately financed through the 3 per cent payroll taxes and that the cost bugaboo is a smoke screen put up by those opposed to compulsory health insurance.

Coauthors of both bills believe they can sit down and iron out differences and bring forth a bill satisfactory to all backers.

But whether they would be able to round up sufficient new support to bring their bill to the Assembly floor is a moot point. A more modified proposal might bring extra legislative help.—San Francisco *Chronicle*, April 16.

ITEM XX

Legislature Bogged Down

Eighth Week Starts Tomorrow, and All Major Issues Are Still to Be Settled

Sacramento, April 21.—The Legislature begins the eighth week of the current half of the regular session Monday with none of the major issues settled.

Unless some agreement can be reached which will attract support to a compulsory health insurance act from some of those who joined to block a vote by the entire Assembly on pending insurance bills, that issue has little chance of resulting in other than a further study by one of those traveling interim committees. . . .

Governor Warren's proposed reorganization of the State Department of Industrial relations is due for another hearing before the Assembly Industrial Relations Committee. The committee failed to meet last week and its scheduled discussion of the Lyons bill was put over until Thursday night.—San Francisco *Chronicle*, April 22.

ITEM XXI

Compulsory Health Insurance Bill Will Be Revived

CALIFORNIA STATE CHAMBER OF COMMERCE
350 Bush Street, San Francisco 4, California
April 16, 1945

According to newspaper notices, a concerted drive is planned by the State Administration, the California Congress of Parents and Teachers, California League of Women Voters, California State Federation of Labor, and the C.I.O. in an effort to win support for compulsory health insurance legislation.

The California State Chamber of Commerce, Agriculture and Industry, is opposed to all compulsory health insurance bills introduced in this session of the Legislature and favors the appointment of a commission to study the problem fully and completely.

It is *imperative that you* let your Senator and Assemblyman know what your opinion is on this matter. *Write them today.*

(Signed) CALIFORNIA STATE CHAMBER OF COMMERCE.

ITEM XXII

Letter of Assemblyman Ralph C. Dills of Compton, Los Angeles County, to Members of His Democratic Assembly Committee Regarding His Vote on Compulsory Health Insurance

(COPY)

Dear Mr. Committeeman:

You have asked why I voted in opposition to the two Compulsory Health Measures when they came up for vote before the Assembly last week.

First, let me assure you that I'm happy to make an explanation.

It shows a close relation between the legislator and the voters of our district and it indicates an alert interest in Sacramento affairs.

That being the case, it means we can discuss these vital matters openly and honestly.

At the outset, let me say I am not opposed to the theory of making medical facilities available to more and more people at the most reasonable rates possible. It is but a milestone in democratic advancement.

However, I am far from convinced that the *compulsory* plans offered the Assembly and defeated by the members are the *best* plans.

Parenthetically, let me say that the authors of the measures themselves were afflicted by this confusion because the bills were being amended with lengthy changes almost right up to the moment the matter came up for final discussion.

* * *

There has been a great deal of misunderstanding as to whether or not the bills had a proper hearing.

A recitation of the details should clear that point:

The measures were introduced in the January session of the Legislature at which time the Health Committee was authorized to hold hearings throughout the State on the merits and demerits of the proposals.

During the month of January lengthy hearings were held in San Diego, Los Angeles, Fresno and San Francisco.

When the Legislature re-convened in March further committee meetings were held in Sacramento. And, finally, the entire subject of Compulsory Health Insurance was discussed before ALL the members of the Assembly when we resolved ourselves into a Committee-of-the-Whole for a full day's discussion.

The committee, after listening to all this testimony, reported negatively on the measure.

The proponents, though in the minority, attempted to bring the bill from committee for further discussion.

Further discussion, to me seemed utterly superfluous at this time since we had ALL heard ALL the arguments.

As a result, I voted with the majority against both bills.

I am certain you and the other County Central Committee members will have a clearer understanding of the history of the legislation from my explanation of the thoroughness which surrounded the discussion and the final futility of the opponents' attempts at passage.

As for some of my reasons for voting against these particular measures:

Letters, postcards and wires sent me from the voters of our district indicated an almost ten-to-one OPPOSITION!

These communications pointed out that now was hardly the proper time to enforce ANYTHING of a compulsory nature; that more than 800,000 men and women in the Armed Forces were out of the State and were being given no voice in the proposed legislation.

The American Legion and the Veterans of Foreign Wars claimed that returning war veterans would need none of the services being proffered, yet they would have to pay a part of the costs.

Employees from all lines of endeavor wrote they could not afford an additional payroll deduction of one and one-half per cent from the gross amount of their salary checks.

Likewise, many small merchants besieged me to oppose the bills because, being called upon to match the deductions made from their employees, the additional levy was likely to bankrupt many of them.

We must bear in mind that both employer and employee were to be taxed one and one-half per cent of their salaries up to $4,000 per year.

In ordinary times we might say:

"Well, why worry about the small business man? He simply passes his costs on to the consumer."

Let me point out first that WE are the consumers and WE would, in the last analysis, be called upon to bear the entire costs.

OPA, for the time being, becomes a factor in any proposed compulsory taxation.

With ceilings on most products, the employer; the small merchant, the grocer, the butcher or the baker, would have difficulty in finding a way to pass this charge on to the consumers.

The result would be that he would have to operate under existing ceilings and would be unable to boost prices to take into consideration the increased costs of doing business.

In many instances this increase in his costs could conceivably be the difference between profit and loss; between a successful or a bankrupt neighborhood store.

I have never considered any legislation good which legislates *small business out of business!!*

There were other factors too:

What of the danger of setting up a monopoly for one branch of the healing arts? Chiropractors and others were not included in either of the acts.

What of the danger of creating another tremendous bureaucracy of incompetents with a consequent deterioration in the quality of services rendered?

What of the ultimate costs?

The testimony we heard on costs was of a most conflicting nature. The proponents argued that the three per cent; one and one-half from the employer, one and one-half per cent from the employee, would be sufficient to pay the costs.

The Legislative Auditor *hired by* the Legislature and responsible *only to* the members of the Legislature estimated that the costs might run to $100,000,000.00 more than the figure held to by the proponents.

Keep in mind the Legislative Auditor is responsible *only* to the members *of* the Legislature. He holds his position only so long as he honestly advises after careful, painstaking study and research into the State's finances.

Being a recognized expert in his field, I have learned to place considerable value upon his judgment.

I reasoned that I could not in good conscience vote for a measure which not only called for additional payroll deductions but might also mean an additional levy of $100,000,000 or more upon the taxpayers of the State.

* * *

Rounding up this report, let me say I would not be giving you the complete picture unless I touched upon the *political phases* of the matter as well as the financial dangers.

The health move, for the most part, was publicized as a great social reform attempt on the part of Republican Governor Warren. (The "Nonpartisan" days are *definitely* over and the sooner *all* Democrats realize it the better off the Party will be!)

What the average voter does not take into consideration is the fact that the Administration—the *Republican* Administration, would have been given what amounts to Hitleristic control of medicine in California. The Republican Governor, rest assured, looking to build the tottering fences in *his* Party, would appoint Republicans to run this giant new State service.

Warren would have had the power, in one of the acts, to set up the effective date of its inauguration.

Conceivably, he might use it as one of his main campaign arguments for re-election. And, with a lot of *new* bureaucrats, *newly* placed on the State's payroll, you can be assured he would be automatically handed a huge *new* group of campaign workers—workers anxious to bring about a Republican success and with it bring about permanency to their *new* political jobs.

* * *

In conclusion, let me again emphasize:

I am certainly *not* opposed to any workable measure which will bring better health at lower costs to "Mr. Average Citizen."

A *workable* plan, I feel certain, can and should be devised.

In my opinion, it need not be compulsory. It should give the person paying the bill the right to choose his own type of service and his own choice as to doctors.

The cost should be known—exactly!

I will work and assist in every possible way to bring about such legislation.

However, the legislation I voted *against* was not my idea of *good* legislation for the reasons I have set forth.

May I thank you again for your inquiry on this particular subject.

I hope it will be my pleasure to hear from you again on any other matters of interest to the fine people of our district.

Respectfully yours,
(Signed) CLAYTON A. DILLS,
Assemblyman 67th District.

ITEM XXIII

Compulsory Sickness Insurance in Russia, Germany and Austria

The following letter has been received from a member of the San Francisco County Medical Society:

To the Editor.—Sir—Inasmuch as the question of compulsory health insurance is an extremely live issue,

it occurred to me that you might like to have some data which I have accumulated.

If I could furnish you with the slightest evidence that any one of the systems of compulsory health insurance in force in many European countries either raised the level of health of their people or acted as a means of preventing illness, I would urge you to vote in favor of Governor Warren's "California Prepaid Health Service Act" otherwise known as AB 800. This bill provides for compulsory health insurance for all people earning up to $4,000 per annum.

I would go even further. If it could be shown that any system of health insurance, either compulsory or voluntary, would reduce the number of "absent sick days" in industry or would lower the percentage of draft rejections due to physical and mental defects, I would be for Governor Warren's bill 100 per cent.

The fact is—there is no evidence to support the contention that health insurance does any of these things.

I have visited Soviet Russia on three different occasions and have lived a total of two and one-half years in Austria and Germany. I have never heard either the proponents or beneficiaries of health insurance in these countries make any such claims. Their principle argument in favor of health insurance in their own countries is that it better distributes the cost of illness. It is true that it was after the institution of new public health systems that there occurred a rise in health levels in these countries. It is also true that compulsory health insurance was incorporated into them too. But many other factors were also incorporated into these new systems—health education, better distribution of doctors and clinics, improved modern methods of medicine and public health. These were the factors which the advocates of Russia's and Vienna's systems depended upon to raise the health level. No one of these advocates, so far as I can learn, expected the factor of compulsory health insurance to raise the health level; instead, it was introduced for another purpose—for the purpose of distributing the cost of medical care.

Soviet Russia inherited some stupendous health problems from the old régimé. Her infant mortality rate was 35 per hundred in 1913—the highest of any civilized country in the world. This compared with Norway's 6.5 per cent in the same year. Her general death rate was 27.2 per thousand—for all of Russia—likewise the highest of any civilized country in the world. She had only 12,500 doctors or one to every 12,000 people. They were badly distributed so that there was only one doctor to every 20,000 peasants. Her population suffered enormously each year from widespread epidemics of typhus, smallpox, diphtheria, venereal disease and trachoma. Czarist Russia came first in the world for the number of blind persons because of trachoma. These were some of the dramatic highlights in the health and sanitary situation at the time when Soviet Russia instituted her system of compulsory health insurance.

It must be kept in mind, when considering this compulsory plan of Governor Warren's, that we have no such health problems to solve in California. We have the lowest infant and general mortality rate in history. We have no epidemics. We have a fine group of well trained physicians. We do have a medical cost distribution problem to solve. The California physicians have set up the California Physicians' Service for the purpose of solving this particular cost distribution problem. This plan is voluntary, nonprofit and nonpolitically controlled.

As I see it, the distribution of medical cost is the only problem which we can hope to solve by any system of health insurance. We already have a voluntary plan in operation. I say get behind this plan rather than set up a plan that may be fraught with many evils impossible to foresee and which is bound to be expensive.

Sincerely,

RALPH REYNOLDS, M.D.

ITEM XXIV

Report on Health Insurance Bills

In its report on the health insurance bills, the Assembly Committee on Public Health reaches sound conclusions in existing circumstances. Anyone who tried to appraise the various bills on this subject before the Legislature and to reconcile the conflicting assertions of their proponents and opponents would find it difficult to disagree with the committee's finding that not enough study has been given to the broad subject of health insurance.

While recommending that action on any prepaid plan be deferred, the committee report leaves open the question of assistance to voluntary prepaid medical care organizations to enable them to extend their coverage "to substantially all of our citizens."

It recommends an interim committee to make a thorough study of the subject and report at the earliest possible date.

If the Legislature can evolve some plan to further the voluntary movement it might prove constructive. Every effort should be made to accomplish the desired objectives on a voluntary basis before resort to compulsory methods. In this connection it is noteworthy that in Winnebago County, Illinois, under a voluntary medical care plan combined with a Blue Cross hospitalization plan, larger benefits are offered than those proposed in the compulsory bills before the Legislature and with premiums averaging much less than a 3 per cent pay roll tax.

With respect to the proposals to finance the compulsory plans by added pay roll taxation, it might be pertinent to consider the tax target that is being made out of pay rolls for existing and proposed social benefits which threaten to increase to 20 or 25 per cent the tax deductions from pay checks.

Even with provision that a compulsory health insurance pay roll tax measure would not be placed in effect during the war, the uncertainties surrounding the coming reconversion period in California do not make this a good time to launch such an experiment. Such a measure with its far-reaching social and economic implications should be subjected to thorough study before the Legislature attempts to pass on it.

Meantime the medical profession has an opportunity to exert more leadership and progressiveness than has marked it in the past in helping to solve this complex problem. Particularly in the field of health education, the doctors can and should exert a greater community influence in formulating community health programs designed to instruct people how to preserve health and to acquaint them with facilities available to them in case of illness. Progressive communities already have such programs functioning in conjunction with progressive employers.—Los Angeles *Times*, April 5.

ITEM XXV

Should We Have Government Health Insurance?

As debated before the American Economic Foundation by

HON. ANDREW J. BIEMILLER

Congressman, Fifth District, Wisconsin,
Member Committee on Naval Affairs

and

LOUIS HOPEWELL BAUER, M.D.

Member, Bureau of Health Education, American Medical Association

* * *

Congressman Biemiller opens: Today the nation has accepted the general principle of social security. We have recognized most people cannot provide, through personal savings, for long periods without income because of unemployment or old age.

Social security, based on the insurance principle of spreading risk, helps people keep going in time of catastrophe. If the social security principle is sound for unemployment and old age, it is doubly sound in time of sickness. For then the person must provide not only for regular living expenses, but medical costs.

If the head of a family faces a severe illness with doctor and hospital bills, his savings and credit are soon exhausted, his family reduced from self-respecting independence to dependent poverty. This is harmful to the family and community.

Our next step must be to extend social security legislation to include sickness benefits—cash compensation for unemployment due to illness—and medical benefits. While the medical profession makes breath-taking daily advances in science, that science is not available to all because they cannot pay for what they need. The appalling physical condition of our young men, revealed by the very high rate of draft rejections, indicates this.

A health insurance scheme providing medical benefits would bring doctor and patient together by removing the money barrier. Such a plan can and must insure the patient's free choice of doctor, protect the relationship between patient and doctor and in no respect jeopardize the magnificent progress of medical science.

* * *

Dr. Bauer challenges: Congressman Biemiller argues for better distribution of medical care, not for government health insurance. The draft statistics are not appalling when analyzed. Of approximately 4,000,000 rejections, 800,000 were for illiteracy.

Nearly as many were for neuropsychiatric defects which would not have been prevented by more medical care. Some eyesight and structural defects might have been prevented by health education, not by medical care. Not over 400,000 could be rehabilitated and many of these refused.

All government systems make some restriction on choice of physician. All interfere in the doctor-patient relationship by interposing a third party. All jeopardize progress by regimentation and encouragement of poor work.

* * *

Congressman Biemiller replies: Choice of physician can be secured under a health insurance system if the medical profession coöperates. It cannot if many physicians refuse to come in. In any case, choice of physician is less important than access to physician when needed; many people do not have that today.

The doctor-patient relationship is more effectively sabotaged today by financial worry on both sides than it would be by a government guarantee of payment. Such standardization as would tend to raise levels is desirable; degree and kinds of standardization should, of course, be decided by a board of doctors under health insurance.

* * *

Dr. Bauer opens: Diagnosis and catastrophic illness make medical care expensive. This problem can be met by providing voluntary prepayment hospital and medical care insurance. Voluntary insurance provides cash for those with moderate incomes—medical service for those with low incomes.

The indigent class may be cared for by having the government purchase voluntary insurance. Then, the patient may choose his physician and the physician is responsible to him—not a bureaucrat. Preventive medicine may be obtained by adequate health services and laboratories provided by the local community or if the local community cannot afford it, by state or federal subsidies.

Government health insurance gives quantity, not quality in medical care. It is inordinately expensive, financed by a payroll tax. It has nowhere given as satisfactory a health record as the American system based on free enterprise. Preventable diseases increase. Malingering is encouraged. Working days lost increase instead of decrease.

A third party—the government—is interposed between doctor and patient—the doctor is responsible to that third party. Often, the patient may not choose his physician. Even where free choice is provided, it is limited because the better doctors refuse to take part.

Poor medical care is engendered; mass medicine results; diagnostic procedures are not encourgaed; the government interferes with prescribing, dictates the number of visits a doctor may make; the number of patients he may have. The doctor is no longer a family counselor. A tremendous bureaucracy develops with accompanying red tape and inefficiency.

* * *

Congressman Biemiller challenges: Experience showed voluntary plans failed to meet economic needs in providing for old age and unemployment and federal action was necessary. Federal health insurance is essential for exactly the same reasons.

Health insurance plans were introduced in Europe half a century ago to meet a desperate need. Since then they have been continually bettered. European doctors never asked for the abolition of plans. They suggested improvements. We can learn much from their experience and suggestions.

When American doctors approach the problem in the same spirit and devote the energy now spent fighting health insurance, we shall have the finest possible medical care for all our people.

* * *

Dr. Bauer replies: Voluntary health plans are rapidly growing. There is no evidence that, given time, they will not meet the need.

Government health insurance plans were introduced originally by Bismarck for a purely political purpose and not to meet a desperate need. Conditions have grown from bad to worse. The best plans in Europe are voluntary.

American doctors are planning widespread hospital and diagnostic facilities, and the insurance plans already mentioned. They will never submit to the regimentation of a government bureaucracy with its resulting poor grade of medical care.

Our present system should be improved by sound evolutionary methods and not discarded for an unsatisfactory revolutionary scheme.—Sacramento *Union*, April 8.

ITEM XXVI

Trends in Labor Movement

Washington.—Without prejudice and just for the fun of it, there are here set down a number of recently observable trends in what is known as "the labor movement," so that he who reads may also run his finger down the list and make his own conclusions on where this labor movement might be headed:

Union membership is now close to 14,000,000, or

roughly one out of every four persons in the labor force, one out of 300 industrial or nonfarm workers.

There are five principal groups within the movement, A. F. of L., C.I.O., Railway Brotherhoods,, John L. Lewis' United Mine Workers, and the Independents. Though these groups get together in various combinations for specific purposes, general unification of the labor movement in a common front seems to be making no progress whatever. A postwar economic setback might provide impetus for bringing them closer. In the meantime, lack of organic unity provides comfort and strength for other elements of the population which may have cause to fear the growing power of organized labor.

The need for a Department of Labor to serve as labor's spokesman in the halls of government has ceased to exist. Organized labor itself is interested and active in every phase of government activity. The labor lobbies are as powerful as any pressure groups ever established in Washington by industrial groups.

Both A. F. of L. and C.I.O., and the Railway Brotherhoods to a lesser degree, have completed legislative programs. U.M.W. goes after the things that affect the coal industry, but the other three have interests as broad as the national economy, covering education, taxes, racial discrimination, appropriations.

Practically no proposal comes up in Congress, practically no order is issued by an executive agency without drawing some comment of endorsement or disapproval from A. F. of L. President Bill Green or C.I.O. President Phil Murray.

Union officials sit on many war agency advisory groups. Union representatives sit on the National War Labor Board, passing judgment on its own controversies, though not always winning majority decisions to labor's liking.

The federal government has become so thoroughly saturated with the organized labor point of view that anti-labor forces have in many instances turned to the state legislatures to enact curbs on labor activities. In turn, the labor organizations are showing a greater interest in State and local government.

Activities of the C.I.O. Political Action Committee are well-known to everyone who showed any interest at all in the last national elections. While openly opposed by leaders of the other big labor groups, the P.A.C. program was unquestionably followed by many rank and file members of those other groups.

Many labor policy decisions on both international and national affairs are made by labor leaders and executive committees before reference to union membership. This had led to charges of dictatorship of the rank and file by its hierarchy. If such dictatorship exists, it can be viewed as a healthy thing in attempts to enforce such decisions as the "no-strike pledge." It can be viewed with alarm if it suppresses the freedom of thought or action of the rank and file.

Among the debatable major objectives of the labor movement these trends are worth watching:

Postwar full employment and increased social security. More and better public housing. Broader public health measures, including health insurance, hospitalization and even socialized medicine. Royalties on production to provide worker benefits.

Increased minimum wage and guaranteed annual wage. More maintenance of membership and closed shop agreements. Elimination of geographic wage differencials, leading to more national bargaining on an industry basis. Organization of foremen and supervisors. More labor-management coöperation in war production, perhaps leading to greater labor participation in management.

Add it all up and what have you?—Peter Edson, NEA Staff Correspondent, in Merced *Sun-Star*, March 29.

ITEM XXVII

Senator Fletcher Seeks State Vote on Health Bills

Fletcher Urges Referendum; Warren Backs Own Plan

Sacramento, April 19.—The legislative controversy over compulsory health insurance moved back into the spotlight today with four developments topped off by Senator Ed Fletcher's announcement he will seek to have the issue decided by California voters at the next general election.

Declaring there "is now very little possibliity of compulsory health insurance legislation being passed this session," the San Diego Senator said he will press for passage of a constitutional amendment declaring it to be the State policy to create a "prepaid health service system," and "directing and authorizing" the legislature to enact the necessary legislation.

"I feel it is presumptuous for us to try to pass compulsory health insurance legislation when over half of our physicians, so vitally interested in the matter, are now serving their country outside the State," Fletcher said.

"In addition, approximately a million of our citizens are absent while serving in the armed forces. They have, and should have a right to a voice in this matter."

While Fletcher was making this announcement, Governor Warren disclosed the administration has not abandoned its campaign for health insurance, despite a succession of legislative reverses. A conference with legislative leaders and representatives of various organizations supporting the program, Warren said, resulted in the "conclusion that the effort to solve the problem should not be abandoned for this session."

To Seek Means

Conferees, he said, will "try to find ways and means to put through something to accomplish the desired purpose."

A meetnig of the Senate social welfare committee meantime brought another development which may have a bearing on the health insurance picture. Senator John F. Shelley of San Francisco announced he may move either next Wednesday, or a week later, to bring his "disability insurance" bill to the Senate floor for consideration. No effort has been made thus far to move the measure from committee, presumably because of uncertainty over outcome of the health—insurance fight.

The sick benefit plan, in operation in Rhode Island, would set aside all employee unemployment insurance contributions in a "disability insurance fund." Benefits would be paid from this fund to persons otherwise covered by jobless insurance, but ineligible for this insurance because of illness or other injury.

Although its sponsors have given no indication whether they intend to seek action, an additional possibility lies in a Senate concurrent resolution calling for a joint committee on health insurance to obtain all the facts on the issue and report to the next regular session of the legislature. The committee would be composed of three members of the Senate and three Assemblymen, who would receive a $100,000 appropriation for expenses of the inquiry.—San Francisco *Examiner*, April 20.

* * *

(COPY)

SENATE CONSTITUTIONAL AMENDMENT No. 15

Introduced by Senator Fletcher

March 28, 1945

Referred to Committee on Public Health and Safety

Senate Constitutional Amendment No. 15—A resolution to propose to the people of the State of California

an amendment to the Constitution of the State by adding Section 27 to Article XX thereof, relating to a Prepaid Health Service System for the people.

WHEREAS, The policy for creating and providing for a Prepaid Health Service System for the people of the State, upon a compulsory basis, has not since 1918 (when a similar policy was submitted and rejected) been presented to the people for their consideration and adoption or rejection, and it is highly desirable that their mandate and instructions be sought and obtained before the Legislature assumes the prerogative of embarking the State upon such an important undertaking; now, therefore, be it

Resolved by the Senate, the Assembly concurring, That the Legislature of the State of California at its Fifty-sixth Regular Session commencing on the eighth day of January, 1945, two-thirds of the members elected to each of the two houses of the Legislature voting therefor, hereby proposes that the Constitution of the State be amended by adding Section 27 to Article XX thereof, to read:

Sec. 27. It is the policy of the State that a Prepaid Health Service System for the people be created and maintained. The Legislature is authorized and directed to provide therefor by law in any manner not expressly prohibited by the provisions of this Constitution.

ITEM XXVIII

Health Insurance

Editor—In the Safety Valve, April 23, is a letter from Emma Jane Hicks of Berkeley, pointing out that the United States is one of few countries having no government supported health insurance, and expressing the hope that the State of California may lead the way in establishing such a project "if only its legislators will realize what it will mean to the people."

Fortunately, there are in our community many doctors who have lived and worked in countries having state-dominated health insurance programs. It is to be hoped that our legislators will avail themselves of the opportunity to secure from these men definite and specific factual information regarding the steady deterioration of medical care secured by the people under these programs. If our legislators do indeed realize what it will mean to the people, they will take good care to see that no such blight comes upon us.

HOBART ROGERS, Oakland.

—Letter taken from "Safety Valve" column of San Francisco *Chronicle*, April 27.

ITEM XXIX

Joint Health Bill Due Soon

Sacramento, April 26.—The next move in Governor Warren's recommendation for State tax cuts is up to the Senate. . . .

According to Assemblyman Vincent Thomas, San Pedro, a joint compulsory health insurance bill probably will be presented soon. It would embody features taken from both Governor Warren's bill and that of the C.I.O. which Thomas authored.

The original bills were chloroformed by the Assembly Public Health Committee some time ago and an effort to bring them to the floor for a vote of the entire membership of the lower house failed.

The new bill probably will bear the name of Assemblyman Albert C. Wollenberg, San Francisco, Thomas and others. . . .—San Francisco *Chronicle*, April 27.

ITEM XXX

Assembly to Get New Health Insurance Bill Next Week

Sacramento, April 26.—A new compulsory health insurance bill, embracing major features of the separate plans proposed by Governor Earl Warren and the C.I.O., and including chiropractors for the first time, probably will be introduced in the assembly next week, it was learned today.

William T. Sweigert, Warren's executive secretary; Paul Pinsky, C.I.O. legislative representative, and others were reported putting finishing touches on the draft.

The original bills embodying the separate health insurance plans have been pigeon-holed by the lower house Public Health Committee and the Assembly has refused to withdraw them for debate on the floor.

With the administration, C.I.O., A.F.L., P.T.A., and other groups joining hands in favor of one piece of legislation, proponents of compulsory insurance anticipate that while the Public Health Committee probably will pigeon-hole the new measure also, they will have more of a chance to pull the bill out of committee through vote of the Assembly.—San Francisco *Examiner*, April 27.

CALIFORNIA COMMITTEE ON PARTICIPATION OF THE MEDICAL PROFESSION IN THE WAR EFFORT

On G.I. Bill of Rights—In Relation to Postwar Medical Courses for Military Colleagues

Letter from National Committee on Postwar Medical Service to Governor Earl Warren of California:

(COPY)

COMMITTEE ON POSTWAR MEDICAL SERVICE
535 North Dearborn Street
Chicago 10, Illinois, April 17, 1945.

The Honorable Earl Warren
Governor of California
Sacramento, California

Dear Governor Warren:

The undersigned Committee on Postwar Medical Service, composed of representatives from the several organizations mentioned, was created two years ago for the purpose of giving consideration to many medical problems which will arise as a result of the war and the demobilization which will follow.

Of particular interest to the Committee at the moment are the provisions of Public Law 346, 78th Congress (The G. I. Bill of Rights) as they may affect the entire field of medical education.

The Governor of each State, as you doubtless are aware, is vested with the power and duty of certifying to the Veterans' Administration the institutions in his State which are qualified to give acceptable courses of education and training in each of many categories.

The field of medical educations, in its broadest sense, embraces (a) premedical education, (b) undergraduate education, (c) postgraduate education, (d) nursing education, and (e) the education of medical technicians. There have been developed high standards of premedical education as well as undergraduate medical education. Medical schools are classified according to these standards. Similarly, there are well recognized standards in dental education and in nursing education. There should be little difficulty, therefore, in reaching decisions concerning institutions giving instruction in these fields.

This is true to a lesser extent with respect to the

postgraduate education and training doctors receive in hospitals and with respect to schools for the education and training of medical technicians. It is true that many hospitals have been approved for intern and resident training and for the training of medical technicians in some fields. This approval is based on the number of beds and other facilities available in a hospital for teaching and the type of educational program carried on by the staff of the institution.

The importance of maintaining educational standards which are commensurate with the progress that has been made in the fields of medicine, dentistry and nursing must be obvious to you. The maintenance of these standards is in the public interest because they determine the quality of medical, dental and nursing care the public will receive.

It seems appropriate to suggest to you that certain schools which have thus far failed to secure approval will make effort to participate in the tuition payments under the G. I. Bill of Rights by having their names placed on the list of approved institutions which the Governor will send to the Administrator of Veterans' Affairs. Such schools may be schools of the medical cults. These should be approved only after they thoroughly establish their ability to give a creditable course in the several subjects embraced in the basic sciences which are mentioned in the basic science laws in effect in most states.

The Committee on Postwar Medical Service is keenly aware of the difficulties which will face the Governor in the administration of this Act. We are aware, also, of the pressure which will be brought to bear on you to obtain your approval of institutions which are not qualified and equipped to give acceptable courses of education and training in these several fields.

The Committee, therefore, begs leave to recommend that the Governor appoint an advisory committee composed of persons qualified to advise him with respect to the quality of education and training given by institutions in his State in the fields of medicine, dentistry, nursing and medical technology, which includes x-ray technicians as well as laboratory technicians.

The Committee wishes to assure the Governor that the facilities and information in the hands of the Committee on Postwar Medical Service are available to him for whatever purpose he may wish to use them, and that we shall be glad to coöperate with him to whatever extent he may wish in the solution of these difficult problems.

Very respectfully yours,

COMMITTEE ON POSTWAR MEDICAL SERVICE

Ernest E. Irons, M.D., *Chairman*
H. H. Shoulders, M.D., *Secretary*

Irvin Abell, M.D.	E. L. Henderson, M.D.
Arthur W. Allen, M.D.	W. W. Herrick, M.D.
Walter L. Bierring, M.D.	Victor Johnson, M.D.
Francis G. Blake, M.D.	B. R. Kirklin, M.D.
Capt. E. L. Bortz, (MC) USNR	Lt. Col. H. C. Lueth
	James M. Mason, M.D.
Francis F. Borzell, M.D.	Col. Hugo Mella
C. Willard Camalier, D.D.S.	James E. Paullin, M.D.
Frederick A. Coller, M.D.	George Morris Piersol, M.D.
Mr. Graham L. Davis	Col. George M. Powell
Harold S. Diehl, M.D.	Brig. Gen. Fred W. Rankin
Warren F. Draper, M D.	Rev. A. M. Schwitalla, S.J.
Capt. W. E. Eaton, (MC) USN	Leroy H. Sloan, M.D.
	Mr. Barry C. Smith
Morris Fishbein, M.D.	Miss Mary Switzer
Lt. Col. G. R. Gessner	Olin West, M.D.
Evarts A. Graham, M.D.	R. C. Williams, M.D.

Fred C. Zapffe, M.D.

Casualties in March on Rhine, 47,023

Washington, April 19 (AP)—The battle for the Rhine and crossing of the river in March cost U.S. Army ground forces 47,023 casualties, Secretary of War Stimson reported today.

This total was larger than in February, when there were 34,468 losses, Stimson pointed out that it was smaller than for any month since October.

The March casualty figure included 6,214 killed, 35,448 wounded and 5,366 missing.

473,215 Since D-Day

Since D-Day last June, Stimson disclosed, American ground casualties on the Western Front totaled 473,215 up to the end of March.

At the same time, Stimson disclosed that Army casualties in all theaters reached 813,870 on the basis of names compiled in Washington through April 7. Added to the Navy's losses of 98,608, this put aggregate casualties since Pearl Harbor at 912,478, an increase of 13,088 since last week's report.

Stimson said that while current casualties on the Western Front are not yet available, they are "not high." In contrast, he said, more than 900,000 Germans were captured in April and the number of enemy killed and wounded has been high.

Huge Prisoner Bag

Since the landings in France last June, he added, Allied forces have taken well over 2,100,000 prisoners.

A breakdown on total Army casualties: Killed, 162,505; wounded, 496,803; missing, 83,926; prisoners, 70,636 and 67,514. Of the wounded, 261,596 have returned to duty.

Similar figures of Navy losses: Killed, 38,035; wounded, 45,725; missing, 10,589; prisoners, 4,259.—San Francisco *Chronicle*, April 20.

Churchill Says British Casualties Total 502,396

London, April 10 (AP)—British armed forces suffered 502,396 casualties, including 216,287 dead, up to Feb. 28, Prime Minister Churchill told Commons today.

In addition 183,242 servicemen from the United Kingdom either are prisoners of war or internees in neutral countries, he said.

These figures do not include the deaths of members of the armed forces from natural causes or casualties of civilians or merchant seamen due to enemy action.

Churchill listed Canada's losses at 89,220, including 31,439 killed, 45,251 wounded and 8,367 prisoners, and Australia's at 87,256, including 18,430 killed, 35,595 wounded and 25,276 prisoners.—Los Angeles *Times*, April 11.

Jap War Dead Top 865,000

Washington, April 10 (AP)—More than 865,000 Japanese soldiers and sailors have died for their emperor since they went to war with the United States and Great Britain. Untold thousands more have died in China.

A study of reports, based on actually counted dead and on estimates, shows the enemy has lost 603,500 killed in land campaigns, including troopships sunk, and 262,000 navy dead.

American dead in all theaters were reported last week at 156,471 for the Army and 36,649 for the Navy.

The biggest Japanese toll has been taken in the Philippines campaign, where the dead now stand at more than 314,000. Fighting in Burma has accounted for an estimated 125,000.

Major Vogel Addresses PT Graduates

Major Emma E. Vogel, PT, Director of Physical Therapists, Office of The Surgeon General, addressed the graduating class of physical therapists who received their commissions as Second Lieutenants at Walter Reed General Hospital this month. In telling about her recent inspection trip in the European Theater, she said, "It is my belief that the most important function of physical therapists in our overseas hospitals is to demonstrate to the medical world the value of early exercise and static contraction of muscles to prevent atrophy and deformity."

Educational Opportunities for Army Doctors

Since the start of World War II, over 6,000 selected medical officers have been graduated from short but intensive courses given by the Medical Department in some thirty critical medical and surgical specialties, according to Major General George F. Lull, Deputy Surgeon General. In addition, refresher courses in general medicine and surgery provide medical officers with a chance to "brush up" before returning to professional assignments after other duty.

Many doctors also benefit while in service from working under key professional personnel in military hospitals. Other medical officers who have been on duty with combat troops in the field are given an opportunity to brush up on their specialty through the rotation policy.

General Lull reported that 50 doctors have been reassigned from field to hospital duty during the past year in the Mediterranean Theater and "the merit of intra-theater rotational plans has been pointed out to other theaters, and is being encouraged in order that the maximum number of doctors might receive refresher training while they are still in military service."

Naturally, professional training of medical corps officers during military service must be restricted to meet military rather than civilian requirements. However, General Lull said, The Surgeon General is keenly interested in the welfare of these doctors and will provide "insofar as is possible" opportunities for professional training.

In the post war period, he added, all doctors will be entitled to professional training, after their release from service, under the G. I. Bill of Rights, and those who remain in the Army will have the opportunity for refresher training at selected military hospitals and civilian schools.

More Medical Administrative Officers Graduated

The seventeenth class of officer candidates, composed of a selected group of enlisted men from the Medical Department, was graduated from Carlisle Barracks last month. The graduates won their commissions as Second Lieutenants in the Medical Administrative Corps on the basis of merit and outstanding performance of duty. Immediately after the exercises they left to take over their administrative duties, thereby relieving medical and dental officers for professional duty.

Horner's Syndrome.—The Swiss ophthalmologist, Johann Friedrich Horner, was at once a leading practitioner and teacher in his chosen profession. One of the pupils of von Graefe, he followed in the footsteps of the master, adding to the greater knowledge and more effective treatment of eye diseases. In 1869, he published an article "Concerning a Form of Ptosis," which comprised one of the discoveries in internal medicine in the first half of that century.—Warner's *Calendar of Medical History.*

COMMITTEE ON POSTGRADUATE ACTIVITIES†

Wartime Graduate Medical Meetings in California

The *Bulletin* of the Wartime Graduate Medical Meetings of April 15, lists the following meetings for Regions 23 and 24:

* * *

Region No. 23 (Nevada, Northern California)—Dr. S. R. Mettier, Chairman; Dr. E. H. Falconer, Dr. D. N. Richards.

Letterman General Hospital, San Francisco, California:

April 21—Psychosomatic Medicine—Dr. Karl Bowman.

At recent sessions at this hospital, Drs. Francis Chamberlain, Herbert F. Traut, Theodore L. Althausen, Leon Goldman, Earl R. Miller, William J. Kerr and Paul M. Aggeler have appeared on the programs.

Station Hospital, Hamilton Field, California:

May 2—Early Postoperative Ambulation of Surgical Patients—Dr. H. Glenn Bell.

May 9—Peripheral Nerve Injuries—Dr. Howard A. Brown.

May 16—Fractures of the Extremities—Dr. Carl Anderson.

May 30—Diagnosis and Treatment of Arthritis—Dr. Stacy R. Mettier.

Station Hospital, Camp Roberts, California:

April 21—Psychosomatic Medicine—Dr. Douglas G. Campbell.

May 19—Diagnosis and Treatment of Arthritis—Dr. Hans Waine.

May 26—The Treatment of Poliomyelitis—Dr. Henry D. Brainerd.

Station Hospital, Chico Army Air Base, California:

April 19—Diagnosis of Deficiency Diseases—Dr. James F. Rinehart.

April 26—Newer Methods of Treatment of Heart Disease—Dr. Francis Chamberlain.

On March 22, Dr. William J. Kerr discussed "Peripheral Vascular Diseases" before the medical officers of this hospital.

Station Hospital, Fort McDowell, Angel Island, California:

April 27—Changing Trends in Syphilotherapy—Drs. Norman N. Epstein and Rees B. Rees, Jr.

Station Hospital, Stockton Army Air Base, California:

May 16—The Treatment of Syphilis—Dr. Norman N. Epstein.

May 30—Use and Misuse of Endocrine Preparations—Dr. Ernest W. Page.

Hammond General Hospital, Modesto, California:

April 18—Subject to be announced—Dr. Donald R. Smith.

May 30—Laboratory Aids in the Diagnosis of Disease—Dr. Jesse Carr.

"Resection of the Colon in Cancer, Colitis, Etc.," was the title of Dr. Leon Goldman's presentation on April 4 at this hospital.

Drs. Henry D. Brainerd, Albert H. Rowe and Alexander Simon took part in March programs at the Station Hospital, Camp Stoneman, California and DeWitt General Hospital, Auburn, California.

† Requests concerning clinical conferences, guest speakers, and other information, should be sent to the California Medical Association headquarters office, 450 Sutter, San Francisco, in care of the Association Secretary, who is secretary ex officio of the Committee on Postgraduate Activities.

Region No. 24 (Southern California)—Lt. Comdr. G. C. Griffith, Chairman; Capt. H. P. Schenck, Dr. J. F. Churchill, Dr. W. A. Morrison.

Station Hospital, U. S. Naval Air Training Station, San Diego, California:

April 20—Treatment of Syphilis with Penicillin—Major Paul Recque.

A.A.F. Regional Hospital, Santa Ana, California:

April 17—Surgery of the Traumatic Abdomen—Dr. Charles Phillips and Commander Gaylord Bates.

Station Hospital, March Field, Riverside, California:

April 17—Blood Plasma and Blood Substitutes—Lieutenant-Colonel R. M. Jones.

Water Balance—Major Edward Schwartz.

On March 6, Dr. Paul M. Hamilton spoke on "Treatment of Acute Infectious Diseases," at the Torney General Hospital, Palm Springs, California, in place of the previously announced program.

COMMITTEE ON HOSPITALS, DISPENSARIES AND CLINICS

Hospital Construction Possible Through Federal-State Coöperation

If A.B. 600 is passed by the California Legislature it will authorize the State Department of Health to take the necessary steps to establish California's eligibility for benefits under the proposed Federal Hospital Construction Act—S. 191. (*Newsletter*, Feb. 1, 1945, page 2.) The need for new or renovated hospitals and health centers will be determined by a survey conducted by the State Department. Construction, with the aid of Federal funds, would begin after approval of the State Department's construction plan.

At the present time many counties and communities, particularly those in rural areas, are unable to support and maintain adequate facilities. S.B. 183 and S.B. 586 would allow for the formation of *hospital districts*. Such districts need not conform to county lines but might embrace a portion of one county or several counties depending upon population and financial resources. This procedure has been recommended by the American Public Health Association with respect to establishing district health departments rather than the present county units sometimes staffed by part-time personnel.

The Washington State Legislature has already passed similar bills. These and other health measures have been co-sponsored in Washington State Legislature by the Joint Junior Lobby, the State Department of Health, and the Union Labor Family Medical Care Committee.—Item from the *"News Letter"* of the Northern California Union Health Committee, issue of April 12, 1945.

Increase of Rate of Pay to Nurses and Other Hospital Employees

(COPY)

LUTHERAN HOSPITAL SOCIETY OF SOUTHERN CALIFORNIA
1414 South Hope Street
Los Angeles 15, California, April 16, 1945.

To the Members of the Attending Staff:

We have found it necessary in connection with the request from the nurses' organization, and in conference with the hospitals in Southern California, to increase the rate of pay of nurses and other employees. This basic increase for nurses will be $15.00 per nurse per month, which we expect governmental regulations to approve.

Last year our payroll for the Society totaled $1,548,000.00 and with the present increase, the 1945 payroll will be more than $2,000,000.00.

It is, of course, self-evident that these increases must be passed along in new rates to the patients. We are, therefore, announcing the following rate changes at the California and Santa Monica Hospitals to be effective on all admissions after April 23, 1945:

Rates will increase ward service by 50 cents per patient per day.

Rate increase in semi-private and private rooms by approximately $1.00 per patient per day.

We also wish to announce that as soon as our costs decrease, a corresponding decrease will be made in the rates to the patients admitted. Even with these increases, we want to state that patients will be accepted on the basis of their economic status regardless of the basic rate structures in the institutions. Therefore, if you have any patient who you feel justifies lower rates than the schedule, this information should be transmitted to the Admitting Department, and such patients will be interviewed by our Social Service Workers and an equitable rate established in accordance with the ability of the people to pay. We also wish to reëmphasize that these newly announced ward rates are on the same basis as our previous ward rates; that is, the rates are less than the cost of service. These rates are only possible by spreading the cost between private rooms and wards, and the private room patient actually assists in paying for ward accommodations.

Thanking you for your coöperation, we are,

Very truly yours,

LUTHERAN HOSPITAL SOCIETY OF SOUTHERN CALIFORNIA
Ritz E. Heerman,
Assistant Secretary and General Manager

(Note.—Concerning the above, a decision from a Federal Board later forbade the proposed changes in wage schedules. Old schedule therefore remains in operation.)

Board of Managers for Southern Pacific Hospital

Creation of a 13-member Board of Managers to manage the Hospital Department of Southern Pacific, with seven members to be selected by the employee-contributors and six by the carrier, is provided for by an award in San Francisco March 2 of a six-man arbitration board. The award became effective May 1, 1945.

The award is the outcome of an arbitration agreement entered into in 1944 by Southern Pacific Company and employees represented by 15 railway labor organziations, under provisions of the Railway Labor Act.

The railroad named as arbitrators L. B. McDonald, vice-president in charge of operations, and J. G. Torian, manager of personnel; the employees named M. H. Barney, vice-president, Order of Railway Conductors, and G. E. Leighty, vice-president, Order of Railroad Telegraphers; and the National Mediation Board named the Hon. Leif Erickson, former Associate Justice of the Montana Supreme Court, and Col. Grady Lewis, U. S. Army (retired), of Washington, D. C.

Hearings extended between January 24 and February 20 and included a visit to the Southern Pacific General Hospital at San Francisco. One of the questions involved creation of a Board of Managers upon which employees would have representation. Under the award six employee representatives will be selected by the 15 organizations which participated in the arbitration proceedings and the seventh by 14 organizations not appearing in the proceedings. The company will select six. Members will serve three-year terms.

"The Board of Managers," the award provides, "shall have general power to manager the business and financial affairs of the Hospital Department, including, in particular, the power to adopt and amend the Hospital Department rules, and to increase or reduce the scale of individual employee contributions. The Board of Managers shall not have the power to impose upon the carrier, or incur in its behalf, any financial or other obligation.

"The carrier shall appoint the chief surgeon, subject to the approval of the Board of Managers. The chief surgeon shall have the supervision and control of the professional services afforded by the Hospital Department. He shall appoint and fix the compensation of all physicians and surgeons subject to the approval of the Board of Managers and from time to time shall make and promulgate such rules and regulations as may be deemed necessary for the efficient government of the physicians and surgeons and the hospitals of the department and as shall be approved by the Board of Managers."

The award ruled against appointment of a full-time salaried representative of the employees having generally the duty of presenting complaints regarding service and hospitalization.

The award provides "the carrier shall pay to the Hospital Department for hospitalization of all on-duty injury cases a sum equal to one-half the total cost of all hospital and medical care furnished by the Hospital Department in treatnig on-duty injury cases."

Southern Pacific's Hospital Department is the oldest railroad hospital department in the United States. It was esablished in 1867.

(An item concerning the above also appeared in CALIFORNIA AND WESTERN MEDICINE, for March, on page 140.)

* * *

RAILROAD BROTHERHOODS IN FIGHT FOR REPRESENTATIVE HOSPITAL ADMINISTRATION

Seven men, representing 80,000 organized workers employed by the Southern Pacific, are to sit as a majority of the Southern Pacific Hospital Board of Managers. This was established in a recent decision of the Board of Arbitration in San Francisco. Responsibility of these representatives includes authorization to amend hospital rules, to determine employee contribution to the plan, and to pass on the appointment of the chief surgeon and his staff. Six of the union representatives are to be chosen from the fifteen Railroad Brotherhoods who sought a settlement of their grievances against the Southern Pacific, and the seventh member is to be chosen from fourteen other organizations comprising Railroad Brotherhoods, C.I.O., and A. F. of L. locals not party to the proceedings.

Majority control was awarded by the arbiters on the principle of "No taxation without representation." Company domination has been the rule since 1868 (77 years). Employees have made compulsory payments amounting to 98 per cent of the hospital department's income, yet had no voice in policy making. The recent decision gives financial control to the employees' representatives. In the past the Company's Claims Department adjusted claims and made cash settlements on the basis of records to which only they had access. Formerly, too, the company has used the hospital facilities (supported by the employees) to care for injuries for which the company was liable. This has contributed to a hospital deficit. Now the company is ordered to pay the hospital department one-half the cost of all on-duty injuries.

The case was presented by Sam C. Phillips, Vice-President of the Brotherhood of Locomotive Firemen and Enginemen, and the major part of the factual material was prepared by the staff of the National Labor Bureau. The case has far-reaching implications, and may set a new precedent for consumer representation in existing medical care plans, a principle rarely provided for in such plans.—Item from the "*News Letter*" of the Northern California Union Health Committee, issue of April 12, 1945.

* * *

Editor's Note.—The Southern Pacific Hospital has been in operation for some 75 years, during which period many members of the California Medical Association have been on its medical staff. The changes authorized by the Board of Arbitration appointed by Federal authorities are of interest to physicians. In addition to the above news clipping, the Editor has been able to secure the following information from various sources:

* * *

The hospital department of the Southern Pacific has been operated as a bona fide department of the company since 1868. It is true that in excess of 90 per cent of the hospital department's income is derived from the employees' contributions (at present $1.75 per month for each employee, including officers). On the other hand, there have been many years in which the department's income has not equaled the expenses, and the deficit has been made up by the Southern Pacific Company. Surpluses which may have accrued in other years have not been used to repay or return these advances, but have been used to improve the hospital facilities and plant. The Southern Pacific Company owns all of the hospital facilities and has always assumed the financial, legal, and, in fact, all responsibilities of the department.

Under the award by the Board of Arbitration, the newly formed Board of Managers, consisting of seven representatives of the employees and six appointed by the company, will manage the affairs (excluding, however, anything to do with medical or professional activities) of the department. They are without authority to commit Southern Pacific Company to the expenditure of any money or other services.

The award does require the Company to pay one-half the cost of hospitalization of on-duty injuries, and sets forth the formula for computing the cost of hospitalization. Heretofore the Company has been paying the hospital a blanket sum of $60,000 per year which, in addition to other free services furnished by the Company, it has been felt compensates the department for the care of on-duty personal injuries for which the company may be entirely liable.

COMMITTEE ON ASSOCIATED SOCIETIES AND TECHNICAL GROUPS

NFIP Appropriates $1,267,600 For Expanded Physical Therapy Program

A critical shortage of qualified physical therapists which endangers the proper care of infantile paralysis victims has led the National Foundation for Infantile Paralysis to sponsor one of its largest projects. It involves an appropriation of $1,267,600 for the training of these vitally needed specialists and has just been approved by our Board of Trustees, subsequent to approval by the Committee on Education and the General Advisory Committee at the recent semi-annual medical meeting.

Pointing out that present day medical treatment of

patients with infantile paralysis demands more and more physical therapy, President Basil O'Connor, in announcing the program, explained: "A physical therapist is a technician who uses physical agents such as heat, electricity, light, exercise, rest, muscle training and similar methods in contrast to the use of drugs, biological and surgical techniques.

"Today there are only 2,500 qualified physical therapists, of whom more than half are in the Armed Forces. With earlier and more extensive use of such methods of treatment, so imperative in the treatment of infantile paralysis, twice the number already trained could be used for this disease alone. It is estimated that an additional 5,000 could be used right now, not only for the treatment of infantile paralysis, but also for aiding recovery from many other diseases and disabilities."

The $1,267,600 program developed under the guidance of a special committee established in the field of physical therapy consists of three parts:

(1) $1,107,000 for scholarships to train new physical therapists.

(2) $82,000 for fellowships to provide additional teachers and,

(3) $78,600 for general development of the field of physical therapy. . . .

Preparation for entrance into approved schools of physical therapy requires graduation as a nurse, or physical educator, or two years' college training including biology and other basic sciences. Applications for scholarships should be made to the National Foundation or to the American Physiotherapy Association, 1790 Broadway, New York 19, N. Y.

"Outlook for Women in Occupations in the Medical Services"

The heavy wartime demand for trained therapists has led the Women's Bureau of the United States Department of Labor to bring two brochures off the press. Bulletin 203 No. 1 is captioned "Physical Therapists"; Bulletin 203 No. 2 has title, "Occupational Therapists." Copies of the bulletins may be secured by writing to the Director of the Women's Bureau, Frieda S. Miller, U. S. Department of Labor, Washington 25, D. C.

Unionizing Attempts Agitate Nurses Here

The subject of unionizing registered nurses, a potentially lucrative promoters' field in view of the 6,000 or 7,000 registered nurses in the Los Angeles area, is again agitating the profession here.

Higher pay, shorter hours, organized resistance to drafting nurses for service with soldiers and others in armed duties and other such subjects are said by some of the nurses to be principal topics for discussion among the union promoters.

In one large hospital particularly, unionization became so much a time-consuming topic of discussion among nurses and other hospital employees that there was concern because such institutions today already are heavily burdened with work under abnormal conditions created by the war.

Both C.I.O. and A.F.L. organizers are working the field. The C.I.O. State, County and Municipal Employees claims jurisdiction over nurses in the hospitals but its promoters have not been in any recent special campaign among the nurses, according to its leaders.

A.F.L. Registered Nurses' Union promoters have been more active. They began last fall to hold quiet meetings to which certain nurses were extended a "special" invitation with a request to bring 10 others. This plan has been extended and many nurses have gone to such conclaves in Studio Carpenters' Hall, which now has become more noted as the headquarters for the current motion picture strike.

This union claims to have made some progress, after five years of work, but has not as yet accumulated enough member strength to force a contract with any of the principal hospitals here.

Some of the union promoters particularly attack as ineffectual the California State Nurses' Association, which has some 14,000 members and has been authorized to deal collectively for nurses in hospitals. Pro-association nurses meet this charge by declaring that the association is doing everything that can reasonably be done at this time but that it disdains to make use of rosy-hued promises to enlarge its dues-paying membership or to combat competition from hired union organizers.

The whole subject has become a lively and agitating topic not only among hospital nurses but also among private nurses who also are sought as union members.—Los Angeles *Times*, April 6.

C.M.A. CANCER COMMISSION

Cancer Control

Continued progress is being made in the control and eradication of cancer, one of the major causes of death among the American people. Scientific research, which has provided effective means for diganosis and treatment, in early stages of the disease, may be expected to produce even more benficial results.

One of the big needs is to educate the public to the importance of early discovery of cancer. That is the purpose of the late President's proclamation, calling for the observance during April of Cancer Control Month.

In its early stages, the disease can usually be eradicated, but when the growth is permitted to continue, control becames more difficult and frequently impossible. Medical examination at periodic intervals is a wise precaution.

Cancer Control Month is a good time to have such a periodic checkup.—Editorial in San Francisco *Call-Bulletin*, April 16.

Cancer Fund Drive Starts

A drive by the Northern California finance committee of the American Cancer Society to raise $150,000 in the San Francisco Bay Area to war against one of America's most dreaded diseases was gotten under way on April 16, at a dinner in the Rose Room of the Palace Hotel.

Speakers at the meeting, open to the public, included J. L. Neff, executive director of the American Cancer Society of New York; Dr. Ray Lyman Wilbur, chancellor of Stanford University; Lieut. Comdr. David A. Wood of Oak Knoll Hospital; Dr. James F. Rinehart of the State Department of Health and University of California, and Health Director Geiger.

J. W. Mailliard, Jr., chairman, pointed out that 50 per cent of the money which will be sought in a letter campaign wlil be expended directly in the Bay Area while the remainder will be used nationally for research and education. He said the total sought nationally is five million dollars.

Cancer Month

President Roosevelt has proclaimed the month of April "Cancer Control Month" and during this period the American Cancer Society is sponsoring a campaign to

raise a $5,000,000 fund for research and to educate the public.

Need of such public education about this disease is shown by a recent Gallup Poll. This indicated that about two adults out of five are uncertain as to what type of disease cancer really is. Almost as many believe that cancer is incurable. Only about half of the people have any idea of the symptoms, very few could even guess as to its cause.

For a number of years the Cancer Association has been attempting to educate the public, and to implant the knowledge that, taken in time, cancer can be cured. They have been urging that a doctor should be consulted about any unusual growth or blemish on the skin. The campaign has brought results, the Gallup Poll showing that whereas in 1940 only 38 per cent of the people knew the symptoms, today 43 per cent of them do.

Cancer results in a greater number of deaths each year than does the present war. Anything that will reduce that loss and intense suffering which it brings, should have strong support.—San Jose *Mercury-Herald.*

COMMITTEE ON HEALTH AND PUBLIC INSTRUCTION

San Francisco Proposed as a Global Health Base

Dr. J. C. Geiger, director of public health in San Francisco, recently outlined a postwar international immunization program to control the spread of communicable disease from one country to another which he believes will be adopted by the nations of the world.

International air transport, Dr. Geiger said, will present new problems of health control. As San Francisco is expected to be one of the major airports of the world, he suggested that one of the proposed international health centers be established here.

"Germs don't recognize borders," Dr. Geiger reminded, "and, with airplanes traveling from one country to another within a matter of hours, the need for an international public health system of coöperation becomes of prime importance.

Dr. Geiger outlined such a plan with the following five suggestions:

1. A public health intelligence system should be set up to act as a clearing house for information concerning world public health. This could be done by organizing public health centers in key locations such as Singapore, Moscow, London, New York and San Francisco. Through these centers information concerning diseases and epidemics prevalent in all areas could be relayed and recorded.

2. An international health law should provide for adequate disinfection and spraying of airplanes before leaving infected areas.

3. Ships should be rat-proofed before leaving port. They should also be provided with epidemologic intelligence, which would radio important medical information ahead to any port of destination before the ship arrives.

4. The public should be made to realize that there is such a thing as an immunization program against disease, and be required to observe its regulations.

5. The traveler should be given educational training on diseases prevalent in the various countries which he may visit and be cautioned in methods of avoiding such diseases or immunized against them.

"There is no reason," Dr. Geiger concluded, "that the immense knowledge gained by doctors and men of science on the control and cure of disease during wartime can't be pooled in peacetime."

"Eye" Bank for Blind Formed

Formation of the eye bank for Sight Restoration, Inc., a national organization which will collect and preserve corneal tissue from human eyes for transplantation to blind persons, was announced in New York on April 13.

The bank, which hopes to aid from 10,000 to 15,000 persons in the United States now blind with corneal defects, has been incorporated under the laws of New York State and twenty-two leading hospitals in New York City are affiliated with it.

Stanley Resor, president of J. Walter Thompson Company, advertising firm, has been elected president of the eye bank. Albert G. Milbank, president of the Milbank Memorial Fund, is chairman of the advisory council.

Famous Scenes in American Medical History

Some of the most celebrated and dramatic scenes in the history of American medicine were recently placed on exhibition in oils at the Enoch Pratt Library in Baltimore. Dean Cornwell, noted American muralist and genre painter, and member of the National Academy, is exhibiting the series of paintings he has executed to date for the "Pioneers of American Medicine" series for Wyeth Incorporated, well known drug concern of Philadelphia.

The exhibition records on canvas in faithful detail colorful events in American medicine which have gone down in history as marking another step forward in man's fight against disease and suffering.

As in the other arts and professions recognition was slow in coming to the American physician and surgeon for his contributions toward the advancement of medical science and knowledge, due to dependence on the great European universities and institutions. But beginning with the middle of the last century, American medicine and surgery began to make their influence felt throughout the world through the work of such celebrated pioneers as Dr. William Osler, who helped to establish Johns Hopkins University; Dr. Ephraim McDowell, father of abdominal surgery; Dr. William Beaumont, whose recorded observation of the action of the processes of the stomach during digestions is now a classic; William Proctor, Jr., father of American pharmacy; Major Walter Reed, who proved in a series of dramatic experiments that the female mosquito was the carrier of the dread disease, yellow fever; and others.

"The Dawn of Abdominal Surgery" shows Dr. Ephraim McDowell, then an unknown Kentucky surgeon, at that tense, dramatic moment as he prepared to perform an abdominal operation on Jane Todd Crawford to remove a large tumor. Dr. McDowell's reputation—and life—were at stake, for never had such an operation been successful. Outside the operating room a group of sullen townspeople milled, shouting threats should he fail. His success, and the path his stirring achievement blazed toward the development of abdominal surgery, provided the inspiration and motif for Mr. Cornwell's celebrated painting.

In the canvas, "Osler at Old Blockley," Mr. Cornwell has depicted the great and benign Dr. Osler during the period when he worked and taught at the Philadelphia General Hospital. The painting catches an inspiring phase of Dr. Osler's genius—his remarkable ability to inspire his students.

In "Beaumont and St. Martin," Mr. Cornwell has recorded one of the truly great and dramatic moments in American medical history—the intrepid Dr. William Beaumont studying the digestive processes through a hole in the stomach of one Alexis St. Martin, who had suffered a gunshot wound which had failed to heal. The patient submitted to protracted and careful experiments

by Dr. Beaumont which resulted in the first reliable information on digestion.

Other canvases in the series by Mr. Cornwell are, "The Father of American Pharmacy," a study of William Proctor, Jr., whose contributions to the profession of pharmacy are worldwide; and "Conquerors of Yellow Fever," a group portrait of the heroic band of men who risked their lives to determine the cause of yellow fever.

Dental Care

Good dental care should be made available to all children, everywhere in the country, regardless of family income, and to that end, Federal funds should be provided the Children's Bureau of the U. S. Department of Labor for use as grants to the States for development of such a comprehensive service. This recommendation, along with others put forward at a conference on dental care for children, in Washington, was recently reported by Dr. Martha M. Eliot, Associate Chief of the Bureau.

Attending the conference were outstanding men in the dental profession from private practice, dental schools, and the public-health field, and with them, representatives of allied professions including pediatricians and physicians specializing in nutrition.

As projected by the conference, dental services for children would be developed by the State health departments under a grant-in-aid program through funds made available by the Children's Bureau as part of the over-all program of health services for children. Care might be given through schools, hospitals, health centers and clinics, and in private offices. In remote areas, trailer clinics could be used.

Diphtheria Outbreaks in Europe

During the last three years, diphtheria has broken all bounds in Northern and Central Europe and thus become the leading epidemic disease, according to the Epidemiological Information Bulletin No. 4 issued by United Nations Relief and Rehabilitation Administration's (UNRRA) Health Division. Fifteen years ago diphtheria was at about the same level all over Europe. Up to 1940 it was steadily reduced in most countries, but in Germany it began to increase. From 49,000 cases in 1927 the number of cases reported in the original territory of the Reich increased to 238,400 in 1943. In Norway, on the contrary, there were only 17 cases during the last six months before the German invasion.

The reduction of diphtheria among most of Germany's small neighbors had been brought about without systematic immunization, and the population was therefore not properly protected. This situation was all the more dangerous since a virulent type of diphtheria, not yielding to serum treatment had spread in Germany. From 3.5 per cent in 1938 the proportion of fatal cases rose to over 6 per cent in 1943. Cases among adults became frequent, and diphtheria appeared in the German army even as a fatal complication of chest wounds.

With the invasion came diphtheria carriers, and explosive epidemics soon appeared in Norway, the Netherlands, Belgium, northern France and Czechoslovakia. In the course of the three last years, there have been nearly 50,000 cases in Norway, and about 150,000 cases in the Netherlands, which has three times the population of Norway. In the Netherlands, death from diphtheria now runs barely behind the mortality from tuberculosis in spite of the increase of the latter disease. Only Great Britain and Hungary, where immunization had been pushed to the limit, experienced no rise whatever.

Socialized Medicine Perils Told

Dr. L. A. Alesen, Jr., Cites Pitfalls in Talk to District Clubs

Dr. L. A. Alesen, Jr., past president of the Los Angeles County Medical Association, admits the public health system of the United States and the medical care given its citizens are not perfect.

However, he insists that since it has increased the life expectancy of citizens some 20 years since 1880, it has exceeded anything accomplished by socialized medicine systems long practiced in Great Britain and Germany.

"There are those who now insist that we must look to the government for all medical care," Dr. Alesen told the Los Angeles District Federation of Business and Professional Women's Clubs recently.

Taxes Would Mount

"That means that we should put medicine under control of political bureaus and that costs under proposed legislation to this end would mount to $12,000,000,000

(COPY)

Los Angeles City Health Department

THE TEN LEADING CAUSES OF DEATH IN LOS ANGELES CITY, 1944

Rank	Causes of Death	Number of Deaths	Per Cent of Total	Rate L. A. City	Rate 1942 U. S.
1.	Diseases of the Heart	6,007	31.7	332	295
2.	Cancer and Other Malignant Tumors	2,597	13.7	143	122
3.	Intracranial Lesions of Vascular Origin	1,343	7.1	74.2	90.2
4.	Nephritis (all forms)	954	5.0	52.7	72.4
5.	Pneumonia and Influenza	887	4.7	49.0	55.7
6.	Tuberculosis (all forms)	845	4.5	46.7	43.1
7.	Arteriosclerosis	841	4.4	46.5	
8.	Diabetes Mellitus	433	2.3	23.9	25.4
9.	Premature Birth	421	2.2	23.3*	25.8*
10.	Motor-Vehicle Accidents	392	2.1	21.7	21.2
	Total of Above Causes	14,841	78.3		
	Total (All Causes)	18,959	100.0		

*Rates Computed on Population Basis.

It is constructive to review the major causes of death from time to time. Not many years ago, tuberculosis was the first cause of death and typhoid fever was high on the list. With the reduction in prevalence of these diseases, others, especailly those of old age, are assuming a new importance. Diseases of the heart and cancer now lead the list.

It is obvious that much can be done to lower the death rate of several of these diseases. Cancer is just beginning to receive the consideration, as a preventable condition, that it deserves. Tuberculosis mortality has been reduced 50 per cent in the City of Los Angeles during the last fifteen years. It still, however, claims over 800 lives a year, more than all the other infectious diseases combined. Pneumonia mortality has dropped 47 per cent in Los Angeles in the last five years, since the advent of the sulfa drugs. Prematurity is the ninth leading cause of death in Los Angeles and demands the organized attention of the community.

per year. This is to be arrived at by a 12 per cent tax on all salaries, half of this to be deducted from the pay envelop and half paid by the employer."

That was only one phase of the Wagner-Dingell-Murray bill, now before Congress, which was discussed by the speaker. One of the dangers pointed out was the possible subsidy of medical education since 2 per cent of the entire amount, under provision of the bill, would be allotted to medical education under direction of the Surgeon General. This would make possible, Dr. Alesen said, control by the Surgeon General of all medical schools, the throttling of medical education and giving of opportunity for production of numberless "quacks."

Labor and the medical profession are anxious to get the same result, the medical care of all the people, the speaker said. They are only disagreed as to the method. The method proposed by the C.I.O., which the speaker discussed in some detail, he believes, would not achieve this end.

Two of the objections to this plan are its failure to provide any dental care, or to assure anything in the way of proper nursing for surgical cases or the otherwise seriously ill. The C.I.O. admits, he said, that it has been unable to solve these problems.

Death Rate Lower

"Lack of income does not bar people from medical care so often as people believe," Dr. Alesen said. "It has been the tradition of medicine to take care of the sick and refusals to do this because of doubt of payment of the fee are not so frequent as popularly believed. One proof of this is that our death rate for diphtheria, tuberculosis and other disease is far below that of England and Germany. While this is in part due to our better standards of living, it is also due to sound medical care and hospitalization.

"Members of the Los Angeles Medical Association, through the County Hospital, give an annual service of $15,000,000 per year at the hospital and $6,500,000 in other services," he said.

Dr. Alesen was one of the three speakers on the recent panel conducted by Dr. Paula Horn, the others discussing group plans for medical care and hospitalization.—Los Angeles *Times*.

Medical Finance

No function in society touches the life of the individual more intimately than does the medical profession. Therefore, it is imperative that the American people understand the broad problems of the American medical system.

The problem currently facing medicine and the people is, What kind of a medical system does this country want? Bills have been introduced in Congress which would place medicine and the health of the people in the hands of the Federal Government. Anxious to determine the attitude of the public on such proposals, the doctors, with typical thoroughness, sponsored a survey of opinion on the question. They found that the people have faith in the medical profession as it is now constituted, and are opposed to federal interference. They found, however, a desire for expansion of voluntary prepayment medical and hospital service plans. There are thousands of these plans in successful operation, covering about fifth of the entire population. Doctors, with the coöperation of business and industries, are working to extend such plans as rapidly as possible.

This country has produced miracles because its people have enjoyed the right of voluntary action—freedom. Modern medicine, no less than modern industry, is a product of that freedom. Socialized medicine would introduce more compulsion into the life of the American people. Thus, it is not surprising to discover that they do not want socialized medicine.—San Francisco *Argonaut*, June 30.

Pulmonary tuberculosis is principally a disease of those between the ages of 15 and 45. This age group corresponds with that of the bulk of our industrial workers. This would, therefore, be particularly adapted to control by thorough industrial physical examinations followed by a sound and consistent policy of placement and medical supervision.—Wayne L. Rutter, M.D., and J. W. Dugger, M.D., *Industrial Medicine*.

Cost of Sylvatic Plague Eradication

UNIVERSITY OF CALIFORNIA
The George Williams Hooper Foundation

To the Editor:

Your recent letter relative to the amount of money that has been appropriated from Federal and State funds to carry on the work of eradication, etc., of sylvatic plague has remained unanswered since it was difficult to obtain accurate figures. I understand that, at least during the past two years, approximately $240,000 have been budgeted and possibly spent. The amount of money which was used in previous years is not known but doubtless Dr. Halverson can furnish you with the data.

Sincerely yours,
(Signed) K. F. MEYER.

* * *

The following figures are the amounts actually budgeted by the State and Federal governments for the current biennium and the amounts requested for the ensuing biennial period:

Biennial period beginning 7-1-43 and ending 6-30-45	State	Title VI
Amounts budgeted	$150,420.00	$87,370.00
Total	$237,790.00	

Actual expenditures for the first year of this biennium are somewhat under the total amount budgeted, owing to vacancies in personnel and also to the fact that no equipment was replaced.

Biennial period beginning 7-1-45 and ending 6-30-47	State	Title VI
Amounts budgeted	$168,320.00	$89,480.00
Total	$257,800.00	

MEDICAL EPONYM

Stevens-Johnson Syndrome

"A New Eruptive Fever Associated with Stomatitis and Ophthalmia" was described by Albert M. Stevens (b. 1884) and Frank C. Johnson (1894-1934) of Columbia University and Bellevue Hospital in the *American Journal of Diseases of Children* (*24*:526-533, 1922). A portion of the article follows:

"During a period of three months we had the opportunity of observing two cases of an extraordinary, generalized eruption with continued fever, inflamed buccal mucosa and severe purulent conjunctivitis. . . .

. . . . No diagnosis could be made to correspond with the symptoms and course of the eruption in these two cases and no description was found of a skin condition in any degree comparable.

. . . . Here is a syndrome of dramatic onset, with fever, conjunctivitis and cutaneous eruption. The child is prostrated, the mouth and tongue are inflamed and raw, the eyelids are swollen and pus streams from the eyes. There is a course of three or more weeks of high fever, with leukopenia. The eruption, unlike any hitherto described, comes out progressively, for two weeks or more, matures

MISCELLANY

Under this department are ordinarily grouped: News Items; Letters; Special Articles; Twenty-Five Years Ago column; California Board of Medical Examiners; and other columns as occasion may warrant. Items for News column must be furnished by the fifteenth of the preceding month. For Book Reviews, see index on the front cover, under Miscellany.

NEWS

Coming Meetings†

California Medical Association. Session will convene in Los Angeles. Dates of the seventy-fifth annual session, to be held in 1946, will be announced later.

(For other comment re Annual Session, see page 244.)

American Medical Association. The 1945 Session, previously scheduled for Philadelphia, will not be held. See J.A.M.A., January 20, 1945.

The Platform of the American Medical Association

The American Medical Association advocates:

1. *The establishment of an agency of Federal Government under which shall be coördinated and administered all medical and health functions of the Federal Government, exclusive of these of the Army and Navy.*

2. *The allotment of such funds as the Congress may make available to any state in actual need for the prevention of disease, the promotion of health, and the care of the sick or proof of such need.*

3. *The principle that the care of the public health and the provision of medical service to the sick is primarily a local responsibility.*

4. *The development of a mechanism for meeting the needs of expansion of preventive medical services with local determination of needs and local control of administration.*

5. *The extension of medical care for the indigent and the medically indigent with local determination of needs and local control of administration.*

6. *In the extension of medical services to all the people, the utmost utilization of qualified medical and hospital facilities already established.*

7. *The continued development of the private practice of medicine, subject to such changes as may be necessary to maintain the quality of medical service and to increase their availability.*

8. *Expansion of public health and medical services consistent with the American system of democracy.*

(Note: For interpretative comments, see *J.A.M.A.*, June 24, 1944, pp. 574-576.)

Medical Broadcasts*

The Los Angeles County Medical Association:

The following is the Los Angeles County Medical Association's radio broadcast schedule for the current month, all broadcasts being given on Saturdays:

KFAC presents the Saturday programs at 10:15 a. m., under the title, "Your Doctor and You."

In May, KFAC will present these broadcasts on the following Saturdays: May 5, 12, 19, and 26.

The Saturday broadcasts of KFI are given at 9:45 a.m., under the title, "The Road to Health."

"Doctors at War":

Radio broadcasts of "Doctors at War" by the American Medical Association is on the air each Saturday at 1:30 p.m., Pacific War Time.

† In the front advertising section of *The Journal of the American Medical Association*, various rosters of national officers and organizations appear each week, each list being printed about every fourth week.

* County societies giving medical broadcasts are requested to send information as soon as arranged.

Pharmacological Items of Potential Interest to Clinicians*:

1. *Antibiotics:* R. T. Fisk, A. G. Foord and G. Alles show prolongation of penicillin action on IM injection by adding epinephrin (*Science*, 101:124, February 2, 1945). R. L. Libby notes stability of penicillin salts in cottonseed oil suspension and relatively persisting therapeutic blood level (0.05 units/cc.) from oral administration, even with impure samples (*Ibid.*, p. 178, February 16, 1945). Then W. M. Parkins & Co. say gelatin with vasoconstrictor adds to prolonged penicillin level after IM injection (*Ibid.*, p. 203, February 23, 1945). While C. D. Armstrong & Co. say 5 per cent dextrose is potent prolonging vehicle for IM injection (*Proc. Soc. Exp. Biol. Med.*, 58:74, 1945). C. J. H. Little and G. Lumb recommend giving penicillin orally with egg white, after dose of antacid (Lancet, 2:203, February 17, 1945) I. N. Asheshov and F. Strelitz isolate material from Aspergillus fumagatus active vs. M. tuberculosis (*Science*, 101: 119, February 2, 1945). G. Schwartzman finds amino acids antagonize penicillin action vs. gram-negative bacilli (*Ibid.*, 276, March 16, 1945). B. Puetzer & Co. finally synthesize clavacin (*Ibid.*, 307, March 23, 1945). J. Charney & Co. report antacids aid gastric absorption of penicillin (*Ibid.*, 251, March 9, 1945). J. M. Bahn & Co. produce in vitro penicillin resistant gonococci with structural changes (*Proc. Soc. Exp. Biol. Med.*, 58:21, 1945). B. F. Chow and C. M. McKee think chemical inactivation of penicillin by cysteine is due to sulfhydryl and amino groups (*Ibid.*, 177). Then there's a couple little symposia on penicillin (*U. S. Naval Med. Bull.*, 44:453-493, 1945) (*Brit. Med. J.*, 107-114, January 27, 1945, including L. P. Garrod on activity on bacteria), and a neat new brochure by Merck. When will silly secrecy on constitution be relaxed?

2. *Symposia:* Fairly comprehensive on rheumatic fever, with much on control programs (*J. Pediatrics*, 26:209-264, 1945). Interesting on sterility (*Med. J. Austral.*, 2:129-145, February 10, 1945). Anxious on deceleration of medical training program (*J. Asso. Amer. Med. Coll.*, 20:65-82, 1945). Anonymous, but well organized and illustrated are various War Dept. Technical Manuals, such as one on *Educational Reconditioning.* M. Fishbein edits one on *Medical Uses of Soap* (Lippincott, Philadelphia, 1945, $3).

3. *Books:* E. C. Crocker's *Flavor* is intriguing (McGraw-Hill, N. Y. 18, 1945). Blackwell's of Oxford have many new musts: H. J. B. Atkins' *After-Treatment* (18s, 2nd Ed., 1945); D. N. Matthews' *Surgery of Repair of Injury and Burns* (45s, 1945); R. R. MacIntosh's *Local Anesthesia* (10s 6d, 1945). Have you the seven experimental biology monographs issued by Macmillan's (60 5th Avenue, N. Y., 11)? E. Vasconcelos (Sao Paulo) writes best *Methods of Amputation* (Philosophical Lib., N. Y., 1945, $10). F. F. Chidester offers *Nutrition and Glands in Relation to Cancer* (Lee Fd. Nutritional Research, Milwaukee, 1944, $3). Harvard Press issues revised edition K. Landsteiner's classic *Specificity of Serological Reactions* (Cambridge, 1945, $5). L. H. Crisp

* These items submitted by Dr. Chauncey D. Leake, formerly director of the University of California Pharmacologic Laboratory, now dean of the University of Texas Medical School, Galveston, Texas.

writes *Essentials of Allergy* (Lippincott, Philadelphia, 1945, $5). N. F. Conant's *Manual of Clinical Mycology* looks good (Saunders, Philadelphia, 1945, $3.50). Willaims & Wilkins offers maternal health conference on *The Abortion Problem* (Baltimore, 1945). R. Wartenberg's *Examination of Reflexes* looks helpful (Year Book Pub., Chicago 4, 1945, $2.50). R. A. Moore's Pathology also looks well (Saunders, Philadelphia, 1945, $10). A Gesell's *The Embryology of Behavior: the Beginnings of the Human Mind* is a must (Hoeber, N. Y. 16, 1945, $5).

4. *Et Alia:* Those interested in A. Aperia's important posthumous review of the kinetics of the peripheral vascular system (*Texas Rep. Biol. Med.*, 3:1, 1945) will find lots more similar material of value in the recently available *Hemodynamique et Angiocinetique* of D. M. Gomez (Paris, Hermann, 1941). E. J. Carey & Co. continue stimulating studies on ameboid motion and secretion of motor end plates in shock (*J. Neuropath. Exp. Neurol.*, 4:134, 1945). R. T. Simmons shows that most Indonesians are Rh positive (*Med. J. Austral.*, 2:108, February 3, 1945). E. H. Ackerknecht tells a pertinent story in *Malaria in the Upper Mississippi Valley*, 1760-1900 (*Suppl. 4, Bull. Hist. Med.*, Baltimore, 1945). P. O. Wolff's historical sketch of pharmacology (*Sem. Med.*, Buenos Aires, 1944) is O.K., but uses old Prolegomenon (*University Calif. Pub. Pharmacol.*, 1:1, 1938), without credit. W. Ganado discusses clinical characters of pain (*Brit. Med. J.*, 2:141, February 3, 1945). F. L. Meleney reviews prevention of infection in wounds and burns by use of sulfonamides (*SG&O*, 80:263, 1945). W. S. Hartroft and C. C. Macklin find lung alveoli average 0.025 sq mm. in area (*Trans. Roy Soc. Canada*, 3rd Ser., 37:51-81, 1944). C. A. Ross and E. J. Poth suggest traces of acrolein in oxidized cod liver oil may confer reputed antibacterial effect (*J. Lab. Clin. Med.*, 30:226, 1945).

"Outlook for Women in Occupations in the Medical Services."—The heavy wartime demand for trained therapists has led the Women's Bureau of the United States Department of Labor to bring two brochures off the press. Bulletin 203 No. 1 is captioned "Physical Therapists"; Bulletin 203 No. 2 has title "Occupational Therapists." Copies of the bulletins may be secured by writing to the Director of the Women's Bureau, Frieda S. Miller, U. S. Department of Labor, Washington 25, D. C.

San Francisco County Society Phone Service Breaks Own Record.—The all-time record for calls to the San Francisco County Medical Society's 24-hour telephone service was broken again in February.

During February, a total of 1,321 callers asked to be recommended to physicians, 803 during the daytime and 518 at night—topping by 56 the previous record just established in January, 1945.

February also saw the biggest one-day number of daytime callers—a total of 71 calls.

Continued growth of the service, now in its third year, is evidence of its value both to newcomers to San Francisco and to old-time residents whose own doctors have gone to war.

The telephone service is available day and night, every day in the year, including Sundays and holidays. Callers are given their choice of three physicians, and specialists are recommended when need for them is indicated. The number is WAlnut 6100.

The County Medical Society asks that callers have paper and pencil ready before calling, to take down names and addresses. Physicians are not dispatched to inquirers, but prospective patients must make their own arrangements with one of the persons recommended to them. For night callers, the service suggests physicians living as near as possible to the inquirer.

Society for the Prevention of Asphyxial Death.—This organization was incorporated in 1933 and its aims and purposes were approved by the American Medical Association in June of the succeeding year. The S P.A.D., with offices at 38 East 61st Street, New York 21, is a charitable organization. Concerning the work of the organziation, the *Westchester Medical Bulletin* of January, 1945, under the caption, "A Dual Problem: Asphyxia and Resuscitation" made comment. An excerpt from the article follows:

The stark reality of 50,000 deaths a year from asphyxia raises serious question as to whether our approach to this problem is thoroughly up-to-date. These deaths fall into two categories: (1) those that no plan of anticipation could offset, and (2) those that could be prevented by anticipation, education, regulation, and by the prompt and proper treatment of the patient at the time of the asphyctic emergency. It is the size of the latter group that lends support to those who argue that the challenge of asphyxia has not been met.

Responsibility for this situation is widespread; it involves professional, industrial, governmental, public health and emergency groups so thoroughly that, at present, it must be shared by all.

As in the field of Public Health the best treatment for this national "disorder" is still prevention. In this respect industry both independently and under government regulation has turned in a job that can withstand considerable scrutiny.

Berkeley Hospital Prints Interesting Brochure for Staff Members.—The Berkeley Hospital *Bulletin*, issued by the Berkeley Hospital of 2001 Dwight Way, Berkeley 4, enclosed with the issue of April 13th, an illustrated reprint from *Fortune* magazine. Explanatory statement from the *Bulletin* follows:

"U. S. Medicine in Transition."—*Fortune* magazine published an excellent article on this subject in the issue of December, 1944. It puts the question, "Will voluntary doctor-patient coöperation head off the trend toward Federal insurance?" A reprint of the article is enclosed and well merits your reading.

American Board of Ophthalmology.—The American Board of Ophthalmology will hold an examination at Los Angeles in January, 1946, at the time of the Mid-Winter Course.

Applications for this examination must be filed before September 1st.

For details, prospective candidates should write at once to Dr. S. Judd Beach, Secretary, Cape Cottage, Maine.

Memorial to Dr. George K. Rhodes.—A memorial to the late Dr. George K. Rhodes, professor of surgery on the San Francisco campus of the University of California, concerning whose death an obituary appeared in CALIFORNIA AND WESTERN MEDICINE, for September, 1944, p. 166, will be established by his friends, patients and former students, according to Dr. Glenn Bell, associate professor at the Medical School. At the time of his death, Dr. Rhodes was in Southern England, consulting surgeon of the Army's Southern Base Section. A

committee of arrangements headed by Dr. Bell will plan what form the memorial will take, depending upon the amount of money contributed.

Postgraduate Resident Training at Franklin Hospital.—Franklin Hospital of San Francisco announces that the Council on Medical Education and Hospitals of the American Medical Association has extended its approval to the Franklin Hospital for postgraduate resident training in internal medicine. The American Board of Internal Medicine has concurred in this action. Thus, Franklin Hospital is now approved for postgraduate training in general surgery, orthopedic surgery, neurological surgery, urology and internal medicine.

Bibliography of Industrial Hygiene.—The U. S. Public Health Service has recently brought off the press *Public Health Bulletin* No. 289, "Bibliography of Industrial Hygiene" to cover the years 1900-1943. The brochure is a selected list compiled by representatives of the Industrial Hygiene Division of the Bureau of State Services. Copies may be obtained at 20c per copy, from the Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C.

Change in Medicines with Passing Years.—The tremendous changes in drugs over the past 35 years are recalled in the *Journal of the American Medical Association.* Selections made by a group of professors of medicine put penicillin, the sulfonamides and anti-biotics as the most important remedies developed since 1910. Other important remedies developed in that period include whole blood, blood plasma and blood derivatives; quinacrine (Atabrine); ether and other anesthetics; digitalis; arsphenamines; immunizing agents and specific antitoxins and vaccines; insulin and liver extract, other hormones and vitamins.

The ten most important drugs used in 1910 were listed by the *A.M.A. Journal* as: ether, morphine, digitalis, diphtheria antitoxin, smallpox vaccine, iron, quinine, iodine, alcohol and mercury.

Prizes for "A Plan for Improving Hospital Treatment of Psychiatric Patients."—The Modern Hospital Publishing Company, 919 North Michigan Avenue, Chicago (11), announces three prizes (first prize, $500; second prize, $350; third prize, $150) for an essay on the subject, "A Plan for Improving Hospital Treatment of Psychiatric Patients." All essays should be addressed to the Modern Hospital Publishing Company prior to October 1st. Circulars of information concerning the competition may be obtained by writing to the editor of that publication.

Surgeons Told of New Serum.—Results of research work being carried on in this country and in Russia on a new serum to improve the health standard generally by stimulating the protective functions of the body were described on April 6 by Dr. Reuben Straus, Los Angeles pathologist, at the annual meeting of the Southern California Chapter, American College of Surgeons.

The serum, identified as "ACS," has been under investigation in Russia since 1924 and in clinical use there since 1937 but Dr. Straus said that in this country "our experimental work is far from complete and it would be unfair to make a statement of any sort now." He promised, however, a full report on the serum "when the evidence from our experiments is completed."

Anesthesia Discussed

More than 200 Southland surgeons assembled for the all-day sessions at the Los Angeles County Medical Association Building. The morning section featured a panel discussion of anesthesia, with Dr. Donald G. Tollefson, president of the chapter, presiding. Dr. Harold L. Thompson presided at the afternoon session, at which a number of papers on various surgical problems were presented.

At the dinner meeting, Dr. George Miller of Chicago, director of educational activities for the American College of Surgeons, told of plans to assist in providing postgraduate training for young doctors who have been in military service.

Press Clippings.—Some news items from the daily press on matters related to medical practice follow:

Just Plain Stupid: On Intern Training

The science department of *Time Magazine* recently published graphs illustrating a precipitous drop in the last few years in the number of Ph.D.'s granted by United States universities in four basic sciences. They were termed startling signposts on the road to "scientific bankruptcy." They reflect the shortsighted manpower policy of our government, the effects of which are already being felt seriously in the medical profession. The training of doctors has been reduced dangerously.

An unquestioned authority commenting on the inadequacy of present internship, states that: "Many institutions, in their desire to accede to the wishes of the Army and Navy, have arranged their internships so that an experience of no more than two or three months in surgery is obtained. According to the regulations, two-thirds of all the male interns—approximately 4,000—every nine months will enter active military service with, at the most, no more than a few months' experience in surgery. It is these eager but inadequately trained young officers who will serve at battalion aid stations, where the wounded are first brought and where expert surgical judgment is often needed."

No nation, if it wishes to lead the way toward a better civilization, can afford to neglect the sciences as we now are doing.—Editorial in Campbell *Press,* March 8.

They're the Country's Doctors

Standard Oil of California placed the following advertisement in the San Francisco *News* of April 23:

Take "Dr. A" of Okanogan. Last year he had a heart attack—a mean one. For anybody else his orders would be "Take it *easy!*" So he is working a 24-hour day and a 365-day year—and supervising a hospital besides.

Take "Dr. X" of Winthrop and "Dr. Y" of Brewster. They're pressing 80. Yet any "3 a.m." may find them wrestling pneumonia, racing the stork or watching a child's bedside—as they did in the horse-and-buggy days.

Thus, in wartime, the medical men of the West's smaller communities carry on as did the doctors of pioneer days—doing a marvelous best-they-can with what-they've-got.

We call them country doctors—as the most honorable of terms in the language. For—even though they practice with modern methods in modern towns—goodness gracious what a lot of country they cover!

Okanogan County is 5,295 square miles of Washington. Of the doctors left, just four have the football physique needed to absorb the punishment they're taking. And—oh, yes!—adjacent Ferry County no longer has a doctor. These four—and their selfless associates like Drs. "A," "X" and "Y"—must keep an eye on Ferry County, too.

We take Okanogan County because our branch manager, who seems to know everybody, suggested it. Any other nonurban county in a dozen western states can duplicate its heart-warming story.

Doctors have traditionally been known as hard workers. They've always taken care of everybody but themselves. So what we say won't change anything. But it's a satisfaction to recall, of every country doctor, something said by another. "Well done," it runs, "thou good and faithful servant."

Drug Discoveries

The medical profession was recently polled to determine what it considers the ten most important remedial agents now in use.

Such a poll was conducted in 1910. It is amazing to compare its results with the 1945 list.

Only three of the drugs considered most valuable 35 years ago are still rated highly. They are ether for anesthesia, digitalis for heart disease, and quinine.

The latter, cut off when the Japanese overran the source of supply, has been largely replaced by atabrine, discovered in 1932. War in the tropics has made it so important that the U. S. Surgeon General has declared we could not operate there without antimalarial remedies.

Penicillin and sulfa drugs quite naturally lead the 1945 list. The former was first discovered in 1929 by Dr. Alexander Fleming. The sulfas were discovered as early as 1908, but their value was not recognized until the late 30's.

Both sulfa and atabrine are derived from lowly coal tar.

Use of whole blood and plasma is considered the second most valuable recent discovery. The principle was first discovered in 1871, but it was not until 1935 that the technique for its use was perfected. It has saved hundreds of thousands of soldiers' lives.

Other highly rated modern drugs are new ones useful in treatment of venereal disease, new anti-toxins and vaccines, insulin and liver extract, hormones and vitamins.

An interesting commentary on research progress is the fact that four drugs favored in 1910 were iron, iodine, alcohol and mercury.

One other miracle drug developed for use during the war is DDT, the insect killer. It also was discovered and rediscovered, first in 1874 and then in 1939. While it is not a remedial preparation it may prove to be a great future boon to mankind as a disease preventive.—Sacramento *Union*, March 31.

Medical School

Certificates of Completion, Curriculum in Physical Therapy, were awarded to: *Fort Bragg*—Ellen Marie Luoma; *Oakland*—Maude Moore Signa; *San Francisco*—Roberta Elaine Ceiley, Margery Stone McCullough, Mabel Dechter Melnicoe.

Certificates of Completion, Course for Laboratory Technicians, were awarded to: *Chico*—Kathryn Augusta Jaekel; *Oakland*—Gertrude Victoria Erikson; *San Francisco*—Jean Frickey, May Cecilia Lo, Rosefannie Newburgh, Charlotte Rodenbaugh.

Certificates of Completion, Course for X-Ray Technicians, were awarded to: *San Francisco*—Emily F. Bacon, Geraldine A. Garcia; *Yuba City*—Billie Avis Allen.—University of California *Clip Sheet*, April 24, 1945.

Kenny and Infantile Paralysis

Chicago, March 23.—(UP).—Dr. Morris Fishbein, editor of the *Journal of the American Medical Association*, today described as a "preposterous untruth" charges that the *Journal* "has suppressed any scientific evidence about the Kenny methods" of handling infantile paralysis.

Sister Kenny, the Australian nurse who brought a new concept of poliomyelitis treatment to the United States, asked for a congressional investigation yesterday of what she called opposition to her system of treatment.

She accused the *Journal of the A.M.A.* of publishing in pamphlet form a report unfavorable to her methods, while not publishing in the same form a valuable report. Both reports, she said, had previously appeared in the *Journal*.

Dr. Fishbein denied the accusation also. He said that the *Journal* has published papers both favorable and unfavorable with a view "to giving the medical profession actual experience and evidence, not opinion."

Sister Kenny earlier this week said she had decided to leave the United States because she believed that this country no longer wanted her work.—Pasadena *Post*, March 23.

Health Insurance for the Nation

From Washington, D. C., comes the following statement by Senator Robert Wagner for publication by Northern California Union Health Committee:

"In the last Congress, Senator Murray and I introduced a bill that proposed a broadened and strengthened social security program, including health insurance. That bill, popularly known as the Wagner-Murray-Dingell bill, received widespread attention. A revised bill is being prepared, with changes to take into account many helpful criticisms. I hope the bill will be ready for introduction in the very near future and that it will provide a useful basis upon which Congress can build a stronger system of social security for the Nation.

"There is a general agreement on the necessity for, and desirability of, a program for improving the health of our Nation. . . . Such a plan will enable the people to obtain all needed medical care through small, regular payments based on their earnings, and will give them security against catastrophic costs for which they cannot budget individually. . . .

"Propagandists against health insurance talk about 'regimentation' of doctors and patients, 'political' and 'socialized' medicine, 'lowered standards' and so on. But health insurance is *not* socialized medicine. Health insurance is simply a method of paying medical costs in advance. It is simply a method of assuring a person adqeuate medical care by eliminating the financial barrier which exists between the patient and the doctor.

"The legislation which I have introduced on health insurance assures free choice of physician and patient—free choice to participate in the system, or to obtain medical care oustide the system; and free choice on the part of physicians as to methods of remuneration. High standards of medical care are protected and encouraged through incentives for the professional advancement of doctors, postgraduate study, professional education, research, and the availability of consultant and specialist services, laboratory benefits and x-rays, to all, regardless of ability to pay."—Item from the *"News Letter"* of the Northern California Union Health Committee, issue of April 12, 1945.

Medical Centers

Years ago the Committee on the Costs of Medical Care advised the establishment of medical centers as part of a far-reaching program. The soundness of that advice is becoming increasingly evident. We hear more and more of medical centers—institutions in which clinicians, consultants and laboratories are clustered under one roof, with every diagnostic and therapeutic aid required in the practice of medicine and surgery. Now Surgeon General Thomas Parran of the United States Public Health Service advocates such centers in his annual report and presents us with a concrete plan. If Dr. Parran has his way, there will be a medical center, with full health service, in every unit of 50,000 population, and by "full" he means everything—even dental care, the correction of malnutrition, the treatment of the chronic diseases of old age, and nursing.

There can be no question that if we ever embark on a program of compulsory medical insurance such centers will be indispensable, not only to maintain the Nation in good health, but also to keep taxes within reason. But who is to practice medicine in these centers. The opposition to salaried Federal or State physicians is so formidable that legislators are willing to abide by the principle of free choice of physician, which means that the medical centers would be open to any physician who has a license and who is a member in good standing of a county medical society.

Blanket approval of a license, however, is no guarantee of good medical care. Competence should be determined by suitable standards. Unless there are such standards, medical centers, though they will do much good, will not perform their function with the desired efficiency with freely chosen physicians. The alternative to periodic reexamination as a test of competence is compulsory coöperation with the medical center's staff, so that we have group practice on the Mayo plan.—El Centro *Morning Post*, February 23.

"Poet Physicians"

"Poet Physicians," by Mary Lou McDonough, is an "anthology of medical poetry written by physicians." Doctors, it seems, though scientists, have souls, and more than 100 of them have been bared by Mrs. McDonough, wife of Capt. Stephen J. McDonough, AP science writer now on leave.

Some physicians put prescriptions in rhyme so they could be memorized easily; others, perhaps tired of ailing bodies, sought relief in poetry. Their subjects include "Dissecting Room," "Paranoia," "Tuberculosis," "Before a Corpse," "The Way to Have Handsome Children."

It is to be hoped that some were better doctors than they are poets. But some could not possibly have matched in medicine their poetical achievements. Among them Oliver Goldsmith, Oliver Wendell Holmes, Francis Thompson, Keats, Smollet and among contemporaries, William Carlos Williams.—Sacramento *Union*, March 25.

Work to Start Quickly on $10,000,000 Sewer

Construction work in connection with the new sewage treatment plant and submarine outfall, toward which the

voters recently approved a $10,000,000 bond issue, will get under way within a few months, or just as soon as funds are realized from the sale of the bonds, it was announced by President Frank Gillelen of the Board of Public Works.

Gillelen said the board expects the War Production Board will grant material priorities as soon as it is satisfied that funds have been provided.

Excavation First Task

First work will consist of excavating the site for the treatment plant, Gillelen said, and award of a contract for this job probably will be the start of the giant project, which eventually will require an outlay of $21,000,000.

Gillelen said he expects favorable action by other cities in the district, which will use the sewer, in contributing $5,000,000 as their share, and the Legislature in providing $6,000,000 toward a project which is so vital to the health of the metropolitan area.

City Engineer Lloyd Aldrich estimated that under the most favorable conditions it will be two years before the treatment plant and submarine outfall are in use.

Some idea of the size of the plant, he said, may be gained by the fact that the site required is 1,400 feet wide and 4,000 feet long. This, he said, will have to be leveled and adjoining land acquired to provide for the slopes.

Another job, according to Aldrich, will be to divert the central outfall in the north outfall sewer on the Hyperion property.—Los Angeles *Times*, April 5.

MEDICAL JURISPRUDENCE†

HARTLEY F. PEART, ESQ.
San Francisco

Revocation of License for Conviction of Offense Involving Moral Turpitude

Business and Professions Code, Sec. 2383, provides:

"The conviction of a felony or any offense involving moral turpitude constitutes unprofessional conduct within the meaning of this chapter. The record of the conviction is conclusive evidence of such unprofessional conduct."

In *Brainard vs. State Board of Medical Examiners*, 68 A.C.A. 678, the question was presented to the Court whether a physician's conviction in the Municipal Court of violating Sec. 11225 of the *Health and Safety Code* constituted an offense involving moral turpitude, for which the physician's license to practice medicine in the State of California could be revoked. *Health and Safety Code*, Sec. 11225, makes it a public offense for anyone to administer or dispense narcotics without making a record of the transaction. The offense is not a felony.

The petitioner in the above case was duly licensed to practice medicine in this State. A complaint was filed with the Board of Medical Examiners in which it was charged that the petitioner was guilty of unprofessional conduct, as defined by the above quoted section of the *Business and Professions Code*, in that he had been found guilty of failing to keep proper narcotic records. At the hearing before the Board of Medical Examiners a copy of the record of the conviction was presented to the Board, and after hearing the petitioner's license was revoked. He thereupon filed a petition with the Superior Court for a writ of mandate requiring the Board to restore his license. It was contended that failing to keep proper records did not constitute an offense involving moral turpitude, and that this was evidenced by the fact that the petitioner was only given a suspended sentence of one day by the court, upon his plea of guilty to the charge. On appeal to the District Court from the Superior Court's denial of petitioner's application for a writ of mandate, the District Court announced the rule:

"Whether or not the offense committed did in fact involve moral turpitude depends upon all of the surrounding circumstances. The Board of Medical Examiners was not limited by the sentence pronounced by the Municipal Court, but it was justified in hearing evidence concerning all of the circumstances surrounding the offense for the purpose of determining if indeed moral turpitude was involved."

The Appellate Court reviewed the record and found that it contained ample evidence to sustain a finding of commission of an offense involving moral turpitude. A narcotic addict had been given marked money; he entered petitioner's office and the marked money was later found in possession of petitioner. The revocation of petitioner's license to practice medicine was sustained.

The contention made by the physician, petitioner in this case, illustrates the advisability of the Board of Medical Examiners considering all evidence which may be relevant in the passing upon possible revocation of the license. In the *Brainard* case, in the absence of evidence of the facts surrounding the petitioners commission of the offense of failing to keep proper narcotic records, the Board's action in revoking his license might have been reversed. Under *Business and Professions Code, Sec.* 2383, the introduction before the Board of Medical Examiners of the Court records showing conviction of a *felony* would always be sufficient to sustain a finding of unprofessional conduct. Where, however, the offense involved is only a misdemeanor, in revoking the license it is necessary that the Board go beyond the mere record of conviction and have before it all relevant facts which tend to show that the offense does involve moral turpitude The reason for this is that in the absence of a statute expressly indicating that evil intent or moral turpitude is inherent in the commission of a crime, the courts are generally reluctant to classify many crimes as involving moral turpitude.

† Editor's Note.—This department of CALIFORNIA AND WESTERN MEDICINE, presenting copy submitted by Hartley F. Peart, Esq., will contain excerpts from the syllabi of recent decisions, and analyses of legal points and procedures of interest to the profession.

LETTERS†

Concerning Number of M.D. Licentiates in California:

(COPY)

CALIFORNIA AND WESTERN MEDICINE
San Francisco, March 22, 1945.

California State Board of Medical Examiners
c/o Frederick N. Scatena, M.D., Secretary
1020 N Street, Room 536
Sacramento 14, California

Dear Doctor Scatena:

Owing to proposals that have come from the East and elsewhere that California and other States grant temporary licenses to physicians who are in military service, or who have been engaged in essential industry, I am writing to ask for information concerning the number of licentiates in California, and the accretions to the total group of licentiates year by year.

Kindly answer the following questions, if information is available. (Note. Figures given by Secretary Scatena have been inserted below by the Editor. K.)

(1) At date of March 3, 1945, there were a total number of legally registered doctors of medicine licensed to practice as physicians and surgeons 11,321. (Refers to Physicians and Surgeons, with M.D. degree, not Physicians and Surgeons, with D.O. degree.)

† CALIFORNIA AND WESTERN MEDICINE does not hold itself responsible for views expressed in articles or letters when signed by the author.

(2) According to the records of the California State Board of Medical Examiners, an approximate estimate of the number California licentiates who are in military service, reaches the number of 3,600 (approximate figure).

(3) According to the records of the California State Board of Medical Examiners, an aproximate estimate of the number of California licentiates who are neither in military service, nor in active practice in California, is probably about (not available).

(4) According to the records of the California State Board of Medical Examiners, at the time of the annual accounting for State directory or other purposes, the number of Doctors of Medicine who have been legally licensed in California and who have maintained their right to practice in California through payment of the annual tax, for the following years, was:

Year	*Number M.D. Licentiates*
1920.....	6,242
1930.....	10,333
1940.....	12,534
1941.....	12,868
1942.....	12,512
1943.....	11,289
1944.....	11,119

* * *

The above information deals with statistics that deeply concern the problem of adequate medical practice in our Commonwealth. We will appreciate an early reply.

Thanking you for your coöperation in the above,

Cordially yours,

(Signed) GEORGE H. KRESS, M.D.,
Secretary-Editor.

Concerning a Letter from Students of the University of California Medical School—Re: Maintenance of Standards in Medical Education:

(COPY)

San Francisco, California, April 2, 1945.

To the Editor.—Since we feel that the status of medical education must ever be kept in mind in any consideration of a health program for the State, a number of University of California Medical students have signed a petition stating certain concrete ideas on the subject.

Knowing of your interest in the problem, we are herewith submitting a copy of the petition for your consideration.

Very truly yours,

THE PETITIONING STUDENTS

* * *

UNIVERSITY OF CALIFORNIA MEDICAL SCHOOL

Petition by the Undersigned Students

Whether we believe the health insurance plans before the Legislature are desirable or not, we do believe that provision must be made for the continuation and improvement of the high standards of medical education and medical care of the University of California and other medical schools. We, therefore, believe that any bill to be considered for passage by the Legislature should include the following points:

1. That the medical schools be represented on the administration.

2. That the clinics of the medical schools be accepted and paid as practicing groups under the act.

3. That all the money for the services rendered by the Clinic of a medical school, be paid as a lump sum to the medical school for the maintenance and improvement of medical services to the people, medical research, and medical education.

* * *

This petition was signed by 106 students of the second, third, and fourth year medical classes. It was submitted to the Governor and State Assembly.

Concerning California Program for Rheumatic Fever:

(COPY)

State of California
DEPARTMENT OF PUBLIC HEALTH
San Francisco, April 9, 1945.

C. L. Palmer, M.D., Chairman
The Medical Society of the State of Pennsylvania
Committee on Public Health Legislation
Pittsburgh, Pennsylvania

Dear Doctor Palmer:

Doctor George H. Kress has referred to this Department your inquiry regarding the California Program for rheumatic fever.

The Program here is limited to a demonstration in two Counties, Solano and Contra Costa in the East Bay area. Referrals to one of the eleven diagnostic clinics are made by practicing physicians, school physicians, public health nurses, etc., and each child is given a careful workup. Children diagnosed as having active rheumatic disease or rheumatic carditis or potential rheumatic carditis, are hospitalized and brought under active treatment and later put under convalescent care as indicated.

The enclosed copy of an article by Doctor Helen Johnson, Director of the clinics, will give you further information.

Sincerely yours,

JESSIE M. BIERMAN, M.D., *Chief Crippled Children Services*

Books About Doctors Draw Interest at Sacramento City Library

No profession is more exacting than that of a doctor. His work often means long hours of hard work and frequently puts him in strange situations. Very few others have the chance to battle death at such close quarters as he does.

Because of the unusual nature of his job, the doctor who chooses to write a book about his experiences commands more than average attention from the reading public. At the City Library there are many books by members of the medical profession and about them.

Outstanding is the popular American Doctor's Odyssey, by Victor Heiser, which gives a fascinating account of the author's distinguished career in the Philippine Islands, the South Seas, India, and many other foreign lands.

Other books of similar interest at the City Library are: A Surgeon's Fight to Rebuild Men, The First Woman Doctor, A Surgeon's World, A Doctor Comes to California, Ship's Doctor, The Horse and Buggy Doctor, Consultation Room, Test Tubes and Dragon Scales, Frontier Doctor, Doctor in Arabia, Doctor—Here's Your Hat, A Yankee Doctor in Paradise, The Healing Knife, Doctor of the North Country, Fifty Years a Country Doctor, A Woman Surgeon, Hugh Young; a Surgeon's Autobiography, In Search of Complications, The Winds of Circumstance, My Days of Strength, Exploring the Dangerous Trades, I Remember, Doctor at Timberline, and Behind the Surgeon's Mask.—Sacramento *Shopping News.*

America consumes 5,000,000 pounds of camphor annually; factories can produce all of it synthetically.

TWENTY-FIVE YEARS AGO†

EXCERPTS FROM OUR STATE MEDICAL JOURNAL

Vol. XVIII, No. 5, May, 1920

EXCERPTS FROM ORIGINAL AND OTHER ARTICLES

From an Article on "The Hospital Executive," by W. E. Musgrave, M.D., San Francisco.—By whatever title—managing director, manager, superintendent, or what not—the chief executive is the most important factor in any enterprise, whether organized for hospital, social or business purposes. The title used in hospital work is of minor importance so long as it is consistent with the responsibilities of the position as one of the most difficult of specialties. "Superintendent" was an appropriate title for the head of an old time hospital as it is for the commercial "hotel for the sick" of today. It is quite inappropriate for the administrative head of the modern community srevice, educational, better health center hospital that is growing out of the present national movement. . . .

From an Article on "Clinical Observation and Treatment of 134 Cases of Chronic Prostatitis," by Lionel P. Player, M.D., and Charles P. Mathé, M.D., from the Urological Department of the University of California Medical School.—The most discouraging, as regards treatment, yet the most frequent condition encountered in the practice of Urology, is Chronic Prostatitis. After a careful study of these cases, observed for the past eighteen months, we have found that the usual methods of treatment are unsatisfactory. . . .

From an Article on "Contracture of the Bladder-Neck and Other Obstructions Thereat, Exclusive of Prostatic Hypertrophy and Cancer, and Their Treatment," by Robert V. Day, M.D., Los Angeles, Calif.—While the literature deals admirably and abundantly with pathology, symptoms, and the classic Young's Punch operation, there are quite a considerable percentage of cases which present anatomical features and technical difficulties that require separate consideration from a surgical standpoint. It is not necessary to go over the pathologic anatomy or the symptoms except to state that there is in all a bar, a tight collar or a firm, hard, fibrous non-dilatable ring. . . .

From an Article on "The Lay Anaesthetist," by Walter R. Crane, M.D.—At a recent meeting one of our members read a paper entitled "The Lay Radiographer," a paper that was clean cut and to the point, and that the radiographic situation in Los Angeles certainly called for. A similar condition exists to embarrass and lower the efficiency of the anaesthetist, and I wish tonight to call your attention to the Lay Anaesthetist, who is not licensed to practice medicine or surgery in this state. . . .

There are certain qualifications which every one who gives anaesthetics should possess. . . .

From an Article on "Report of Eye Lesions Due to Focal Infections," by Leon Wallace Mansur, M.D., Los

(Continued in Front Advertising Section, on page 14)

† This column strives to mirror the work and aims of colleagues who bore the brunt of Association activities some twenty-five years ago. It is hoped that such presentation will be of interest to both old and new members. Historical reminiscences, papers and other archives will be welcomed by the C.M.A. Committee on History, to whom such should be sent. Address same to the Committee's Secretary, Dr. George H. Kress, Room 2004, 450 Sutter, San Francisco, 8.

BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA†

By F. N. Scatena, M.D.
Secretary-Treasurer

Board Proceedings

As announced in the last issue of California and Western Medicine, an oral examination for reciprocity candidates will be held at the Board's San Francisco office, 515 Van Ness Ave., on May 20th, starting at 10 A.M.

A written examination will be held at Native Sons Hall, San Francisco starting at 8 A.M., Monday, May 21st, and continuing through the 23rd.

Applications for either of these examinations must be received in the Sacramento office of the Board at least two weeks prior to the date of meeting.

News

"The Assembly yesterday passed a bill placing the State Board of Chiropractic Examiners in the Department of Business and Professional Standards. It now goes to the Senate. The bill, by Assemblyman Brady, San Francisco, would put the Chiropractic Board in Division 1 of the Department, in the same status as the Board of Medical Examiners, Pharmacy and Nurse Examiners. Not only the Chiropractic Board, but any other board which regulates licenses, or controls a branch of the healing arts, and which may be created by initiative in the future, would be placed in similar status." (Sacramento *Union*, March 13, 1945.)

"By a six to two vote the senate business and professions committee defeated SB. 1004, Judah, which would legally change drugless practitioners in California to drugless physicians. Senator H. R. Judah of Santa Cruz County said the drugless practitioners principally wanted the bill to enable them to perform premarital examinations. . . ." (Sacramento *Bee*, March 2, 1945.)

"Violations of State child adoption laws by doctors throughout California were charged today by Charles Wollenbreg, director of the State Social Welfare Department, discussing skyrocketing number of illegitimate wartime births. Unlawful practices . . . are being increasingly reported to the department, according to Mr. Wollenberg . . ." (San Francisco *News*, March 8, 1945.)

"Reta Brown, 18-year-old City College student, died last night on the way to a Hollywood doctor's office, after she had confessed to her mother that she had undergone an illegal operation. The sheriff's office sent out a State-wide bulletin asking officials to be on the lookout for Dr. Faye E. Cramer, 48, a male physician, of Hawthorne, on suspicion of murder. . . . Officers who went to Dr. Cramer's office in Hawthorne were told that the doctor was 'out of town for a week or so.' They said he might attempt to flee to Mexico. Sheriff's deputies said that an autopsy will be performed." (Hollywood *Citizen-News*, March 24, 1945.)

"The State Board of Chiropractic Examiners acted

(Continued in Front Advertising Section, on page 22)

† The office addresses of the California State Board of Medical Examiners are printed in the roster on advertising page 6. News items are submitted by the Secretary of the Board.